



ASNUNTUCK COMMUNITY COLLEGE

170 Elm Street Enfield, CT 06082 860.253.3030 Fax 860.253.3029

Office of Student Financial Aid Services

FINANCIAL AID APPEAL FORM

Name _____ Date _____

Address _____
Number Street Apartment

City State Zip

SS# _____ Banner ID @ _____

Phone _____ Degree _____

Your appeal will be decided on the basis of written information and supporting documentation submitted with this appeal.

Fully describe the extenuating circumstances that prevented you from making satisfactory academic progress. Be as specific as possible. Federal regulations consider personal injuries, serious illness, death of a family member, and undue hardship as the result of a special circumstance as acceptable reasons for appeal.

Attach **supporting documentation** from a third-party source to support your appeal. For example, all medical excuses **must** be accompanied by a doctor's note.

Provide a detailed explanation of the resolution of the extenuating circumstance which will support your successful completion of the upcoming semester.

(over)

I certify that the information contained in this appeal is true and complete to the best of my knowledge.

Student's Signature

Financial Aid Review recommendation:

- Approved
- Denied
- Special Conditions