



## STUDENT AID APPEAL FORM

Date: \_\_\_\_\_

Term/Year: \_\_\_\_\_

**INSTRUCTIONS:** In the space provided below, fully describe the extenuating circumstances that prevented you from making satisfactory progress; additional pages may be attached. Be as specific as possible. **For full consideration, supporting documentation must accompany this form.** Approval or denial of your appeal will be made on the basis of written information and the supporting documentation. The decision will be mailed and/or emailed to you. **This decision will be final.**

**NOTE:** It is recommended that you submit this appeal form within 10 days of your notification of loss or denial of aid for prompt consideration.

**STUDENT INFORMATION:**

NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

MAJOR/PROGRAM OF STUDY: \_\_\_\_\_

PROJECTED DATE OF GRADUATION FROM RCCC: \_\_\_\_\_

Specify the particular semester(s) in which you are having problems: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Student's Signature \_\_\_\_\_

Date: \_\_\_\_\_