SUFFOLK COUNTY COMMUNITY COLLEGE

Student Appeal of Cancellation of Financial Aid

Last Name, First Name:	Student ID#:
Address:	Telephone:
	Date:
City, State and Zip:	Campus: E: __ A: __ G: __
Have you ever previously lost financial aid and then had it restored? If yes, when restored? Date: _____	Yes: __ No: __

Students are advised that in order for financial aid to be restored: (1) EXTENUATING CIRCUMSTANCE MUST HAVE EXISTED and affected your academic performance; and (2) the circumstance MUST BE RESOLVED/NO LONGER EXISTS.

1. WHAT: The EXTENUATING circumstance that affected my academic performance was (be specific):

2. WHEN: The circumstance occurred on (supply specific date):

3. HOW AND WHY: The circumstance affected my academic performance in the following way:

4. DOCUMENTATION: I have attached the following documents to verify circumstance. (You **SHOULD** attach documents such as relevant death certificate, disability verification, medical doctor statements, and any professional third party correspondence.) If no documentation is available, explain why:

5. RESOLUTION: The circumstance has been RESOLVED/NO LONGER EXISTS because (be specific):

6. DOCUMENTATION: I have attached the following additional documents to verify number 5 and that the situation NO LONGER EXISTS. If no documentation is available, explain why:

I attest to the accuracy of the information submitted above and attached documentation submitted. I understand that I may be eligible for only one appeal each for federal and state aid. I also agree that I will accept any academic restrictions indicated by the committee as a condition of the restoration of aid.

Signature:	Date:

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