



Norwalk Community College
188 Richards Avenue Norwalk CT 06854-1655

Financial Aid Office
P 203 857 7023
F 203 857 7310

Maximum Hours Appeal

Name _____ Banner ID @ _____

Address _____

City _____ State _____ Zip Code _____

Tel# _____ Major _____

Last Semester attended _____ Semester This Appeal is for: _____

Please be aware that appeals are either approved or denied on a case by case basis. It is important that your typed letter be as detailed as possible and that you provide supporting document(s) pertinent to your circumstances. Any supporting documentation should be on letterhead.

Attach **your typed letter, degree evaluation and academic plan** signed by an Advisor or Counselor. Your typed letter needs to provide a detailed explanation describing the extenuating circumstances that prevented you from completing your degree in a timely manner. Also, include what steps you have taken or you are planning to take to make sure you will successfully complete your courses in the future.

I certify that the information contained in this appeal is true and complete to the best of my knowledge. **If my appeal is approved, I understand that by signing this form I am agreeing that it is my responsibility to check the terms and conditions of my approval with the Financial Aid Office.**

Student Signature

Date

Office Use Only

Approved _____ Approved with Conditions _____ Denied _____

Notes:

FA Officer Initials and Date: _____