



Norwalk Community College  
188 Richards Avenue Norwalk CT 06854-1655

**Financial Aid Office**  
P 203 857 7023  
F 203 857 7310

## Unsatisfactory Academic 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. All medical excuses **must** be accompanied by a doctor's note on letterhead. Your letter needs to fully describe the extenuating circumstances that prevented you from making satisfactory academic progress and be as specific as possible. 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. Personal injuries, serious illness, death of a family member, and other extenuating circumstances may be acceptable reasons for appeal.

Attach a **typed letter with supporting documentation** from a third-party source to support your appeal. Your supporting letters should be on letterhead.

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.**

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Student Signature

Date

**Office Use Only**

Approved \_\_\_\_\_ Approved with Conditions \_\_\_\_\_ Denied \_\_\_\_\_

Notes:

FA Officer Initials and Date: \_\_\_\_\_