FINANCIAL AID APPEAL REQUEST FORM FINANCIAL AID OFFICE

170 North Street, Room 101 Dryden, NY 13053 Phone: 607.844.8222, Ext. 4321 Fax: 607.844.6538

Email: aid@tompkinscortland.edu

	(Semester/Year fo	or which aid is being requested.)					
	(Degree Program	you are requesting appeal for)					
Name:		Student ID #					
	E-mail: @mymail.tc3.edu	Cell/Home phone:					
(F	For your security, only your Tompkins Cortland email	address will be used for communication regarding your appeal request.)					
1.	I believe that I experienced extenuating circumstances during the semester which resulted in me being placed on Financial Aid Suspension and/or the NYS TAP hold.						
2.	2. <u>I have completed the following</u> : (you must read and check mark each box)						
	I have been officially admitted by the College;						
	I have completed and filed my 2025-2026 FAFSA and submitted all financial aid documents;						
	Any outstanding Tompkins Cortland tuition bills must be paid in full (or payment arrangements have been made) before I can register for classes;						
	I am submitting this appeal form along with my supporting documentation;						
	To have your appeal decision prior to the start of the semester you should turn in your appeal ASAP. The priority deadline to guarantee a decision is one week prior to the start of the semester.						
PLEAS	SE NOTE:						
>	If you are on Academic Probation or returning f regarding academic requirements for continuat	from an Academic Suspension, contact the Student Success Office tion at Success@tompkinscortland.edu.					
	Students interested in on-campus housing mus	t resolve this matter before their housing request will be considered.					
	You will be notified to your Tompkins Cortland e-mail address of the appeal committee's decision.						

All appeal decisions are <u>final</u>. If you are not approved, you must pay out of your own pocket (with cash or credit card) for all of your college expenses.



If your appeal is denied and you decide not to attend, you are still responsible for withdrawing from your courses before the semester begins so that you do not incur any tuition liability.

PLEASE COMPLETE ALL THREE QUESTIONS ON THE SECOND PAGE OF THIS APPEAL FORM. SUBMIT THE FORM AND YOUR SUPPORTING DOCUMENTATION TO THE ADDRESS LISTED ABOVE.

Financial Aid Appeal Request Form, Page #2

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ow have the cir	cumstances now b	een resolved sa	that thev will	no longer have	an impact on vo	ur studies?
						
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3. Based on your answers to #1 and #2 above, what supporting documentation are you providing? Official documentation must be attached to the appeal form. Your appeal request will only be considered by the Review Committee if your circumstances fall within one of the categories below and documentation/verification is submitted.

✓	Circumstances:	Examples of documentation to be submitted.
	Serious illness or injury to the student.	Medical records, doctor's statement (including effective dates.)
	Extenuating circumstances involving an immediate family member (parent/legal guardian, sibling, child, spouse, significant other).	Medical records, death certificate, legal documents (including dates).
	Other circumstances beyond your control (such as house fire, flood, or other catastrophic event).	Official documentation verifying the event (including dates).

Student's Signature	Date