CENTRAL CAROLINA TECHNICAL COLLEGE

Office of Financial Aid

# FINANCIAL AID SUSPENSION APPEAL

**Please note: all information MUST be complete, or the form will be returned to the student, UNPROCCESSED.**

Last Name First Name M.I.

Student's C#

Address (include apartment number)

Phone number (include area code)

City State Zip Code

_____@mycctc.cctech.edu
Student's MyCCTC email – **decisions will only be sent via MyCCTC email**

Semester for which aid is requested (ex: Spring 2008)

Last semester of attendance (ex: Summer 2006)

Program_____semester_____year_____
Student's program of study and date started

Semester_____year_____
Expected date of program completion (ex: Fall 2009)

**Acceptable Reason(s) for Appeal**
(Please *check appropriate box(es) below*)

- ☐ Personal illness
- ☐ Family difficulties
- ☐ Death or serious illness of a family member
- ☐ Financial difficulties
- ☐ Other _____

**Explain and provide appropriate documentation to support your reason(s) for appeal.** *(Attach additional sheet if needed)* **Appeals without documentation will not be processed.**

**Please place your signature, C#, and date to this and all documents submitted.**

_____ C_____ _____
**Signature** **C number** **Date**

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