

Financial Aid Office - Request for Financial Aid Reinstatement

1700 Spring Garden Street Room BG-3, Philadelphia, PA 19130

****Please refer to the Academic Calendar for submission deadlines at www.ccp.edu. Documents submitted after the deadline will be reviewed for the following semester. ****

Student Name:	J#:
CCP Email:	Phone#:
Current Address:	

This form must be completed in its entirety. Do not leave any sections blank.

Student may petition due to extenuating circumstances which include:

- Death of immediate family member
- Illness or injury to the student or an immediate family member
- Unsolicited job change
- Direct involvement of the student in a legal action

1. Submit a letter explaining the specific reasons that led to your current Financial Aid Denial.

The letter must be attached to this form. Be specific.

2. Describe the changes you have made to improve the situation discussed in your letter.

3. What changes will you use to improve your academic progress if your appeal is approved? Be specific.

4. Documentation **must be submitted** with your appeal form. The documents must relate to the reason you listed in your letter. Please select the document (s) you are submitting:

- Written statement from doctor on letterhead and/or hospital statement
- Letter from employer on company letterhead regarding work
- Death certificate and/or obituary
- Other _____

Student's Signature

Date

The appeal process will take 2-3 weeks. Please note that you will receive a letter stating the committee's decision. The Financial Aid Academic Appeal Committee decision is Final.

Committee use only

Financial Aid Review Committee Decision

Date reviewed: _____

- Approval for Program: _____ Beginning of Term: _____
- Credits Approved: _____
- Denied

Committee Comments:

Date student was notified: _____