

Tuition and Fees Adjustment Appeal

Student's Name (Last, First, M.I.) Current Address			Student NECC ID Number Phone Number	
This form is to be us affected your abilit	-	our class(es) in a giv	on charges due to extenuating circumstances that ven semester.	
 Spring (Jan. – May.) Summer (May Aug.) Fall (Sept – Dec.) 		No	September 1 st November 1 st April 1 st	
[☐ Military Deploy		e family Medical/Accident (family member) nal Circumstances	
 To submit an appeal, you must: Complete all of the information on this form. Submit the following, attached to this appeal form:				
Course Number	Subject Code	Section Number	Course Title	
☐ I understand ☐ I understand will affect my CERTIFICATION: By s Submission of an ap	that submitting an that should the ap that if I received Fi religibility. signing below I ack opeal does not gua	appeal does not gue opeal be approved I c inancial Aid I should c knowledge that I have arantee approval.	ch statement): arantee an adjustment of charges. could continue to have a balance that I am responsible to pay. contact the Financial Aid Office to determine how this request e read and understand the requirements of this appeal. ete and accurate. Otherwise, it is not accepted.	
> An incomp	lete appeal will <u>be</u>	denied if additional i	information is not received by date requested (two weeks). Dove address within 3 weeks of submittal.	
Student SignatureDate			Date	