

Student's Name (Last, First, M.I.) _____

Student NECC ID Number _____

Current Address _____

Phone Number _____

This form is to be used to request an adjustment of tuition charges due to extenuating circumstances that affected your ability to complete your class(es) in a given semester.

Term:

Appeal DEADLINE

- | | |
|--|---------------------------|
| <input type="checkbox"/> Spring ____ (Jan. - May.) | September 1 st |
| <input type="checkbox"/> Summer ____ (May.- Aug.) | November 1 st |
| <input type="checkbox"/> Fall ____ (Sept - Dec.) | April 1 st |

Reason for appeal: Medical/Accident Death in the family Medical/Accident (family member)
 Military Deployment Personal Circumstances
 Other: _____

To submit an appeal, you must:

- Complete all of the information on this form.
- Submit the following, attached to this appeal form:
 - Typed, signed and dated** Personal Statement explaining what extenuating circumstances prevented you from completing your course(s).
 - Any essential documentation to support the appeal (if applicable) Please note: Documentation should be official/on letterhead from the source.

Course(s) I am requesting an appeal for:

<u>Course Number</u>	<u>Subject Code</u>	<u>Section Number</u>	<u>Course Title</u>

Required acknowledgments (read and check each statement):

- I understand that submitting an appeal does not guarantee an adjustment of charges.
- I understand that should the appeal be approved I could continue to have a balance that I am responsible to pay.
- I understand that if I received Financial Aid I should contact the Financial Aid Office to determine how this request will affect my eligibility.

CERTIFICATION: By signing below I acknowledge that I have read and understand the requirements of this appeal. Submission of an appeal does not guarantee approval.

- The information provided with this appeal is complete and accurate. Otherwise, it is **not accepted**.
- An incomplete appeal will **be denied if additional information is not received** by date requested (two weeks).
- All appeal decisions will be sent via mail to the above address within 3 weeks of submittal.

Student Signature _____ Date _____