TOMPKINS CORTLAND COMMUNITY COLLEGE

EXHAUSTED FINANCIAL AID APPEAL REQUEST FORM
Financial Aid Office
170 North Street, Room 101
Dryden, NY 13053
Phone: 607.844.8222, Ext. 4451 ❖ Fax: 607.844.6538
Email: smw024@tompkinscortland.edu OR aid@tompkinscortland.edu

_____
(Semester/Year for which aid is being requested.)

_____
(Degree Program you are requesting appeal for)

Name: _____   **Student ID #** _____

E-mail: _____   **Cell/Home phone (____) _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _**

(For your security, only your Tompkins Cortland email address will be used for communication regarding your appeal request.)

1. **I understand that I can only get federal aid if my appeal is approved.**

2. **I am aware of and have completed the following: (you must read and check mark each box)**

   ☐ I have been officially admitted by the College;

   ☐ I have completed and filed my 2024-2025 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;

   ☐ **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 prior to the start of the semester is January 20, 2025.**

PLEASE NOTE:

➤ You must Federal Pell Grant and federal student loan eligibility remaining.

➤ You will be notified to your Tompkins Cortland e-mail address of the appeal committee's decision.

➤ If this Exhausted Financial Aid Appeal is approved:

   1.) You must take only courses that are required for degree completion and you must complete your degree within the specified semester and you cannot change your degree program even if this means attending part-time;

   2.) You will receive a Degree Completion Plan from the Financial Aid Office;

   3.) Students who fail or withdraw from courses or receive any grades insufficient for meeting degree requirements will no longer be eligible to receive federal student aid.

****PLEASE COMPLETE THE QUESTION ON PG. 2 OF THIS APPEAL FORM
AND SUBMIT THE COMPLETED FORM TO THE ADDRESS LISTED ABOVE.****

4/25/2024

PLEASE ANSWER THE FOLLOWING QUESTION AND ATTACH RELEVANT SUPPORTING DOCUMENTATION,   IF APPLICABLE: Degree Program _____

1. **Using Degree Works, your advisor, or Student Success list the courses needed to complete your degree and the order you intend to take them. Try to be as semester specific as possible. You can do full time and/or part time.**

Student's Signature _____   **Date**_____