

Appeal Maximum Time Frame - Financial Aid

Last Name	First Name	Middle Initial	Student ID	
Street Address	City		State	Zip Code
Phone Number	Email Address	Term and Year Requesting Reinstatement		

~~~~~ To appeal **Maximum Time Frame** please follow steps 1 & 2 below ~~~~~

- Use the space below to provide a typed statement which details:
  - If you have exceeded the number of credits allowed to complete your current degree, detail the unusual or extenuating circumstances that prevented you from completing your degree. **Attach any documentation that supports your statement.**
  - If you are appealing to receive financial aid for an additional degree or certificate, briefly describe your new academic plan.
- Make an appointment with your Academic Advisor to review your degree requirements.

*NOTE: Your appeal decision will be sent to you **via email**. Please allow 7-10 business days for your appeal to be processed. If your Financial Aid Suspension Appeal is denied, you are responsible for full payment of tuition and fees. If you choose not to attend NHCC, you are responsible for dropping/withdrawing from your classes.*

By signing below I certify that I completed this appeal and that the information contained in this appeal is true to the best of my knowledge.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please type your statement here:**

~~~~~ **Advisor Section** ~~~~~

Current NHCC Major: _____ **Planned Graduation Year/Term:** _____

Number of credits required to complete current NHCC major: _____

Pre-requisite student (note: 1 **academic year** to complete all courses)

Academic Advisor signature: _____ **Date:** _____

Financial Aid: **Approved** **Denied**

NOTES: