



Cerritos College

Financial Aid Office

Mail to: Financial Aid Office • 11110 Alondra Blvd. • Norwalk, CA 90650 • Fax to: (562) 467-5035

Student Appeal Form

Academic Year: _____ Semester: _____

Student Name: _____ Phone #: (____) _____

Student Number: _____ SSN: _____

What do you want? Please describe the situation in detail. It is also helpful if you explain how your situation has improved. Your appeal must include documentation for any extenuating circumstances. If necessary, use the back of this form for further explanation.

Signature: _____ Date: ____/____/____

Staff Action: (Initial and date your action)

_____ Potential PJ (SAP, Dependency, EFC, Expenses, FDLP):

Attach PJ for action taken.

_____ Budget Adjustment (Disabled student, child care expenses, study abroad):

Discuss documents and schedule appointment.

_____ Possible Error (Office and/or student):

Research and correct error.

_____ Student misunderstanding:

_____ Clarified

_____ Referred to: _____

_____ Other: _____

Follow-up notes, if any: _____
