EXHAUSTED FINANCIAL AID APPEAL REQUEST FORM
VICE PRESIDENT OF STUDENT SERVICES OFFICE
170 North Street, Room 229
Dryden, NY  13053
Phone:  607.844.8222, Ext. 4316   Fax:  607.844.6544
Email:  VPSS@tompkinscortland.edu

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

Name: ________________________________  Student ID #:  _____ - ____ - ________

Street Address: ________________________________  Cell phone #:  ( _____ ) _______________________

City, State, Zip: ________________________________  Home/other #:  ( _____ ) _______________________

E-mail: ________________________________@mymail.tc3.edu  Date: ________________________________
(For your security, only your Tompkins Cortland email address will be used for communication regarding your appeal request.)

✓ I understand that I can only get one Exhausted Financial Aid Appeal approval while at Tompkins Cortland.
✓ I am aware that:

1.) Any outstanding Tompkins Cortland tuition bills must be paid in full (or payment arrangements have been made) before I can register

2.) I must be officially admitted by the College;

3.) My 2019-2020 FAFSA must be submitted and all financial aid documents must be completed;

4.) The deadline date for completing all of the above is Thursday, January 16, 2020.

PLEASE NOTE:

➢ You must not have exhausted both your Federal Pell Grant and federal student loan eligibility.
➢ You will be notified to your Tompkins Cortland e-mail address of the appeal committee’s decision.
➢ If this one-time-only 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 an “Exhausted Financial Aid Plan” from the Vice President of Student Services 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.**

11/01/2019
PLEASE ANSWER THE FOLLOWING QUESTION AND ATTACH RELEVANT SUPPORTING DOCUMENTATION, IF APPLICABLE:

1. State your academic intentions and explain whether you plan to be full-time or part-time and how you plan to complete your degree requirements within the timeframe of 18 credits or 2 semesters. Be as clear as possible.

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Student’s Signature ___________________________    Student ID# ___________________________

Phone Number(s) ___________________________    Date ___________________________

For Financial Aid Office Use Only

Pell eligible  Y or N    $___________
Loan eligible  Y or N    $___________
Verified by: _________________