ORANGE COUNTY COMMUNITY COLLEGE MIDDLETOWN, NEW YORK Office Of Financial Aid

REQUEST FOR APPEAL OF SATISFACTORY PROGRESS REQUIREMENTS FOR <u>STATE</u> STUDENT FINANCIAL AID

(Student's Name)	PLEASE PRINT	(Social Security Number)		
(Street)	(City)	(State)	(Zip)	
during theappeal. I understand that	at I be permitted to continue to based upon mitigati my eligibility for state aid has l gress in my degree or certificat	ng circumstances des been lost because I fa	scribed with this ailed to maintain	
medical problem was;	eal should contain in detai when the problem occurre as been or is being resolv	d; how it affected y		
service report, obituary, et	nt that you submit documentatice.) with this request. Lack of wat you will continue to receive ocumentation.	ritten documentation	GREATLY	
	the end of term covered by the pursuit standards according to			
	appeal below and continue or a separate sheet of paper you			

Student Name	SS#		pg2 SAA
I have read and understand the above st	atement and ha	ve attached any r	necessary
documentation to verify my request.		•	,
Student's Signature:		Date:	
(FORM MUST HAVE STUDENT'S SIGNAT	URE TO RECEIVE	E CONSIDERATION)
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Approved/Denied	<u> </u>	EAO 0'1	
(Date)	(Date)	FAO Signati	ure
Decem			
Reason:			