CERRITOS COLLEGE

Financial Aid

11110 Alondra Blvd. Norwalk, CA 90650

Phone Number: (562) 860-2451 Ext. 2397 Fax: (562) 467-5035 finaid@cerritos.edu

Student Appeal Form

Academic Year: _____ Semester: _____

Name _____ Student#_____

Phone# _____ Email Address: _____

What is the reason for your appeal? Please describe the situation/information in detail. Your appeal must include documentation for any extenuating circumstances. If necessary, use the back of this form for further explanation.

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Signature: _____ Date: ____/_____/_____

Staff use only

Staff received by: _____ Date: ____/_____/_____

Staff reviewed by: _____ Date: ____/_____/_____

Notes: _____

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