



Address: 11110 Alondra Blvd. Norwalk, CA 90650 - Phone: (562) 860-2451 ext. 2370 - Fax: (562) 467-5035

## Overpayment Appeal

### Instructions:

Complete this form to request the Financial Aid Office consider one of the following:

- Request a review to dispute the entire charge. I do not agree that I owe.**  
*(Proof MUST be attached for consideration)*  
Reason for disputing charges: \_\_\_\_\_
  
- Request for hold to be removed for registration purposes.**  
\*You must have made a payment or be making payments to be considered. Hold will only be removed temporarily.  
Reason for removing hold: \_\_\_\_\_
  
- Request to make payment arrangements. (No appeal is needed for this option)**  
\*Partial payments can be made at any time on MyCerritos. However, entire amount is due in full immediately.

Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Current Address: Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

- ✓ ***I have attached documentation/proof to support my appeal and understand that submitting this appeal is not a guarantee of approval.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Financial Aid Staff Use Only

Staff Reviewing Appeal: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Owed: \_\_\_\_\_

Amount of last payment made: \_\_\_\_\_ Date of last payment: \_\_\_\_\_

Approved  Denied

Notes: \_\_\_\_\_