



# STUDENT APPEAL FOR TUITION CREDIT FINANCIAL AID ACKNOWLEDGEMENT FORM

**Complete this form only if you received financial aid in the semester that you are appealing. Failure to complete this form could result in financial aid repayment!**

**Student Name:** \_\_\_\_\_ **SID** \_\_\_\_\_

At ACC it is important to us that you be made aware of the potential costs to you when making your decision to submit a Student Appeal Application. Therefore, if you have received financial aid for the semester for which you are appealing, **you must meet with a financial aid counselor prior to submitting your Student Appeal Application.**

The financial aid counselor will explain the effects of the appeal to your financial aid awards and satisfactory academic progress standing. This information is intended to assist you in determining which option is best for you.

### **Drop**

*If you are appealing for a drop in one or more courses, your financial aid may be adjusted. This information will be reflected in the following area:*

|   |                 |
|---|-----------------|
| <b><u>To be completed by the Financial Aid Office:</u></b>                |                 |
| <b>Adjusted awards for _____ credit hours if drop(s) approved:</b>        |                 |
| Fund _____  | for \$ _____    |
| Fund _____  | for \$ _____    |
| Fund _____  | for \$ _____    |
| Fund _____  | for \$ _____    |
| <b>Total Award \$ _____</b>   |                 |
| Estimated Financial Aid Adjustment  | \$ _____        |
| <b>Total owed to ACC</b>  | <b>\$ _____</b> |
| <b>Please be aware, this is only an estimate. Actual amount may vary.</b> |                 |

**I am appealing for a drop in the following course(s).**

Course 1: \_\_\_\_\_

Course 2: \_\_\_\_\_

Course 3: \_\_\_\_\_

Course 4: \_\_\_\_\_

Course 5: \_\_\_\_\_

Course 6: \_\_\_\_\_

***I have spoken with a financial aid counselor and understand that the approval of this appeal may affect my financial aid award or status based on the information above.***

**Student's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**FA Counselor Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Comments:

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**Return this form with your Student Appeal Application.**