



**TERRA**  
COMMUNITY COLLEGE

# Appeal for a Review of Fee Charges, Refunds, Financial Aid Status

**STUDENT SUPPORT SERVICES**

A student has the opportunity to appeal for a review of fee charges, financial aid status, academic status or the amount of fee refunds, if he/she had an unusual circumstance that impacted his/her college attendance or GPA. The appeal must be in writing using this form and be accompanied with verification/documentation of the unusual circumstance. Additional pages of explanation may be provided and attached. A written response to the appeal will be sent to the student after the review has been completed.

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Email address \_\_\_\_\_

Why are you requesting the review?

What academic term and year do you want reviewed?

What is the outcome that you seek?

**You must provide verification to prove your unusual circumstance.**

Please identify (X) the unusual circumstance that applies to you:

- Prolonged illness. Provide a physician's statement or attendance excuse indicating the dates you were unable to attend school.
- An accident resulting in an injury. Provide a physician's statement or attendance excuse indicating the dates you were unable to attend school.
- Prolonged illness or injury of a dependent. Provide a physician's statement or attendance excuse indicating the dates your dependent required your care.
- Death of an immediate family member. Provide a copy of the obituary indicating your relationship to the deceased.
- Change in employer requirements. Provide a statement from your employer on company letterhead indicating the nature of the work change and the effective dates.
- Error on the part of the College. Provide a statement from the College member familiar with the error explaining the nature of the error.
- Other (please state below)

Any further comments:

I certify that all of the information I have provided is true. I understand my appeal may not be acted upon unless I provide verification of my circumstance.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit this completed form and verification to the Financial Aid Office, Terra Community College, 2830 Napoleon Rd., Fremont, OH 43420, FAX 419-559-2352, email [jspencer@terra.edu](mailto:jspencer@terra.edu).

For office use:    Date appeal form received _____    Date verification received _____
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