NCC TUITION APPEAL FORM

Student ID: A___________________  Last Name: ______________________________  First Name: ______________________

Address: ___________________________________________________________________________________________________________________________________________

     Street                                Apt/Unit                City                      State     Zip Code

Telephone: (______) _______ - __________  (______) _______ - __________

     Day                     Evening

Telephone: _______________________________

SUBJ / COURSE #   COURSE TITLE   # OF CREDITS   OFFICIAL INITIALS REQUIRED

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<th>SUBJ / COURSE #</th>
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Faculty Advisor: Date:

Financial Aid: Date:

Registrar’s Office: Date:

Business Office: Date:

Statement of Extenuating Circumstances (attach additional pages, if necessary):
(Note: A petition arising from medical causes must be accompanied by a medical affidavit on separate physician / hospital letterhead. All petitions for non-medical reasons must be accompanied by an appropriate supporting document.)

Student Signature: ________________________________  Date: _________________

Action to be taken (circle one):   Recommended   Denied

Amount: ____________  Date: ________________

Processed by: ____________  Date: ________________

Office Use Only

Revised 9/2017 KMB