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136 Clinton Point Drive, Plattsburgh, New York 12901 (518) 562-4120 Fax: (518) 562-4141 www.clinton.edu

## **INSTRUCTIONS: How to Complete an Academic and/or Financial Aid Appeal**

**Step 1:** Determine what you are appealing.

- a) Academic Reinstatement – is for students that have been academically dismissed from the College and want to return at their own expense (no financial aid, including federally funded student loans)
- b) Reinstatement of Financial Aid – is for students who have been denied financial aid through Clinton Community College (dismissal, probation, no aid status). This appeal **requires** third party documentation of an extenuating circumstance which may include, but not limited to, physician’s statement, accident paperwork, death certificates/notices of family members etc. **APPEALS FOR REINSTATEMENT OF FINANCIAL AID WITHOUT DOCUMENTATION WILL NOT BE PROCESSED.**
- c) Academic & Financial Aid Reinstatement – is for students dismissed who also want to be considered for reinstatement of financial aid. This appeal **requires** third party documentation of an extenuating circumstance which may include, but not limited to, physician’s statement, accident paperwork, death certificates/notices of family members etc. **APPEALS FOR REINSTATEMENT OF FINANCIAL AID WITHOUT DOCUMENTATION WILL NOT BE PROCESSED.**

**Step 2:** On a separate sheet of paper describe your circumstances that prevented you from maintaining the required level of satisfactory academic progress. Attach third party documentation if applicable.

**Step 3:** Return completed statement, appeal, and **required documentation (if applicable)** to:

Vice President for Student Services  
Clinton Community College  
136 Clinton Point Drive  
Plattsburgh, NY 2901  
FAX 518-562-4141



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## Academic and/or Financial Aid Appeal

*Please select the type of appeal you are requesting:*

Academic Reinstatement     Reinstatement of Financial Aid     Academic & Financial Aid Reinstatement

Requested for the following semester:     Fall     Spring     Summer

Re-admission requested to attend:     Full-time     Part-time

Name: \_\_\_\_\_ Last 4 digits SS#: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

Former Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Have you been convicted of a felony?     Yes     No

Have you been dismissed from any college, including Clinton, for academic misconduct? (e.g. Cheating, Plagiarism)

Yes     No

If yes, name of College: \_\_\_\_\_ When: \_\_\_\_\_

If this appeal is granted, I understand that I may be eligible for readmission to Clinton Community College for the \_\_\_\_\_ semester, and agree to the terms selected by the Admission Review Committee. I further understand that **if my financial aid is reinstated this is the only waiver I will be granted during my entire undergraduate enrollment at Clinton Community College.**

By signing this appeal, I attest that the information submitted is true and accurate to the best of my knowledge.

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