



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: _____