

Staff Signature:

## Cerritos College CalWORKs Phone: (562) 860-2451 Ext. 2593

11110 Alondra Blvd. Norwalk, CA 90650 Website: www.cerritos.edu/calworks

## **Student Appeal Form**

Semester Term and Year:	Date of Request:
Student Name:	Student ID Number:
Case Number:	Phone #: ()
Email:	
	?
prior to start of the first day of the semester, then y after the first day of the semester, you will have un	o pay tuition fees. If, however, your enrollment date is on the Friday ou will be dropped from classes on Sunday. If your enrollment date is til the end of the semester to pay your fees; however, there will be a ou or your instructor will not be allowed to add or drop any classes
The request for deferment will be given to the Cal processed within 72 hours.	WORKs Program Facilitator for processing. Requests will be
☐ Work-Study Employment Verification Letter:  If you are a Work-Study student and are requesting GAIN or Cash-Aid Worker regarding your earning  1. Reasons you were asked to submit the letter  2. Any other information that you were told to	er
The request for a letter will be given to the CalWC within 72 hours.	ORKs Work-Study staff for processing. Requests will be processed
□ Other:	
	ecify any deadlines or contact information that might be needed.
The request will be given to the appropriate CalW hours.	ORKs staff for processing. Requests will be processed within 72
To be	e completed by CalWORKs Staff
Follow-up notes, if any:	

Request Completed on: \_\_\_