

Financial Aid Office Futures for Frontliners Leave of Absence Form

| Last Name | First Nar | me | Student ID # | |
|--|---|--|---|--|
| two semesters within a twelve- | | meet these criteria lose their eli | rogram requires that students attend at leasigibility for the program. Please keep in mind | |
| the "continuous enrollment " r | | allowed to continue as a Future | e to this, there is an option for you to appea s for Frontliners recipient. By completing this | |
| Appeals will be reviewed on a c | ase-by-case basis. Appeals may be gra | anted for reinstatement or denie | ed reinstatement. | |
| Please complete the followi | ng: | | | |
| Select your Appeal Reaso | n (Select One): | | | |
| Hardship | Program Waitlist or Couse Availability | Issues with obtaining an internship | Religious commitment expected of all students of my faith | |
| | | | | |
| I certify that the information reported on this form is true and does not guarantee an approval from the financial aid office. Student's Signature: | | fice. | | |
| Submission Instructions: | | | | |
| You must print, sign, subr | nit and return one of the follow | ving ways: | | |
| Mail: Monroe County Community College Financial Aid Office 1555 South Raisinville Road Monroe, MI 48161-9746 | | Scan and email to: fastudent@monroeccc.edu | | |
| Office Use Only: | | | | |
| Approved for | semester | | | |
| Denied | | | | |
| FA Signature: | | / Date:/ | _/ | |