



## Appeals Form

You may fax your completed Appeals Form and supporting documents to **303-220-1810** or submit them via e-mail to [appeals.committee@cffp.edu](mailto:appeals.committee@cffp.edu) Please allow two weeks for processing of your request.

Name \_\_\_\_\_ Student ID \_\_\_\_\_  
Number E-mail \_\_\_\_\_ Phone \_\_\_\_\_  
Program/Course \_\_\_\_\_ Request Date \_\_\_\_\_

### Appeal:

This section must be completed. Please type or print clearly.

### Extenuating Circumstances / Reason For Request:

This section must be completed. Please type or print clearly and be as specific as possible.

### Agreement & Signature

I understand that this request must be signed and submitted to the College for Financial Planning Appeals Committee. I also understand that my refund will be calculated based on the College for Financial Planning's Policies and Procedures.

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