

# ***SOUTHERN UNION STATE COMMUNITY COLLEGE***

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## **MEMO**

To: Advisor

RE: Financial Aid Appeal Request

NAME \_\_\_\_\_ Student Number \_\_\_\_\_

To consider the above listed student's request for additional assistance, we need to know which classes he/she needs to complete his/her program at SUSCC. Please complete the information below or attach a sheet that will outline this student's requirements for graduation. Thank you.

Previous Program of Study \_\_\_\_\_

Current Program of Study \_\_\_\_\_

Number of Hours Student Still Needs \_\_\_\_\_

Specific Classes Needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Wadley Campus**  
P.O. Box 1000  
Wadley, AL 36276  
256/395-2211

**Opelika Campus**  
1701 LaFayette Pkwy.  
Opelika, AL 36801  
334/745-6437

**Valley Campus**  
Fob James Drive  
Valley, AL 36854  
334/756-4151