



**NEW YORK CITY
COLLEGE OF TECHNOLOGY**
THE CITY UNIVERSITY OF NEW YORK
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***2021-2022 Academic Year
Review of Dependency Re-Classification Appeal***
(For Previously Approved within City Tech)

STUDENT'S NAME: _____ EMPLID: _____

DOB _____

Appeal previously granted due to: _____

Do the conditions for determining the student to be independent
continue to exist? YES__ NO__

Why? _____

Student's Signature & Date _____

Committee Member's Signature & Date _____

