EAST CENTRAL COMMUNITY COLLEGE
SATISFACTORY ACADEMIC PROGRESS
FINANCIAL AID
MAX CREDIT - APPEAL FORM

Please fill out this form completely using blue or black ink.
DO NOT LEAVE ANYTHING BLANK.

Name_____
(Last, First, Middle Initial)

Last four digits of SS#_____ EC ID#_____

Address_____
PO Box, Street City State Zip

Preferred Phone #_____ Alternate Phone#_____

Email Address_____

Number of additional semesters you plan to attend East Central_____
(Include the semester for which you are currently appealing)

Anticipated Date of Graduation from East Central_____

Term for which appeal is requested (The term in which you are currently requesting aid.)

_____Fall 20_____
_____Spring 20_____
_____Summer 20_____

List Previous Programs/Majors_____

List Current Program/Major_____

List Completed Degrees/Certificates_____
Degree/Certificate & Date Received

NOTICE: Appeals will be processed as time allows. **Please be prepared to pay out of pocket for any charges if a decision has not been reached before the semester begins.** Please submit your appeal as early as possible before the semester in which you are appealing begins. Your appeal must be received and reviewed before the semester in which you are appealing is finished.

Submit your completed appeal form and any supporting documentation to the Financial Aid Office, PO Box 129, Decatur, MS 39327, FAX # 601-635-5216, uploaded through your "MyEC portal" or by email to financialaid@eccc.edu. The Committee decision will be phoned and/or emailed to you and documented in your financial aid file. Committee decisions are final and are not subject to further review.

FOR OFFICE USE ONLY

◯ Approved ◯ Denied
Date: _____
Major: _____ Semester Appeal Begins: _____

COMPLETE THIS FORM IN ITS ENTIRETY

Explain why you have changed your program of study. Attach documentation (degree plan from MyEC) and explain your plan for completing the new program specifying the remaining credit and courses and the date you anticipate completing your new program of study.

Student Confirmation Statement

I confirm that the information entered on this form is accurate and true. If this appeal is approved, I understand that approval of my Satisfactory Academic Progress (SAP) appeal is contingent upon my commitment to meet the college's SAP standards. By signing below, I agree to complete **at least 66.7% of all attempted credit hours**, maintain a **minimum 2.0 cumulative GPA**, and make **satisfactory progress toward completion of my program of study**.

I understand that failure to meet these requirements will result in the loss of my financial aid eligibility in future semesters. I acknowledge that it is my responsibility to monitor my academic progress and seek assistance as needed to remain in compliance.

Student Signature: _____ Date: _____

Student ID Number: _____