

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: _____

East Central Community College does not discriminate on the basis of race, color, religion, national origin, sex, age, or qualified disability in its educational programs and activities, employment practices, or admissions processes. The following offices have been designated to handle inquiries regarding the non-discrimination policies of East Central Community College:

Inquiries regarding compliance with Title VI and ADEA are coordinated by the Executive Vice President, Walter Arno Vincent Administration Building, Room 171, Post Office Box 129, Decatur, MS 39327, Phone: 601-635-6202, Fax: 601-635-4011, Email: compliance@eccc.edu.

Inquiries regarding compliance with Title IX and Section 504 are coordinated by the Dean of Student Services, Eddie M. Smith Student Union Building, Room 101, Post Office Box 129, Decatur, MS 39327, Phone: 601-635-6267, Fax: 601-635-6247, Email: compliance@eccc.edu.

Inquiries regarding compliance with ADA are coordinated by the Director of Student Success, Mamie Ethel Burton Memorial Library, Post Office Box 129, Decatur, MS 39327, Phone: 601-635-6228, Fax: 601-635-2150, Email: compliance@eccc.edu.