

EAST CENTRAL COMMUNITY COLLEGE
SATISFACTORY ACADEMIC PROGRESS
FINANCIAL AID
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 _____

Last Date(Semester) of Attendance at East Central _____

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

Anticipated Date (Semester) 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

Students suspended from financial aid must have a justifiable reason to be reinstated through an appeal. You must address each semester that you did not meet SAP standards. Appeals must meet the following requirements: 1) the mitigating circumstances that have caused you not to be able to meet the SAP standards, and 2) what in your situation has changed. Appeals that do not meet the above criteria will not be submitted to the committee. If you have changed your major, please state why you have done so. If you have a degree, please explain why you are attending for a different degree.

Please state the mitigating circumstances **EACH SEMESTER** that have caused you to become ineligible for financial aid below. Examples of mitigating circumstances include but are not limited to: illness, injury, death of an immediate family member, undue hardships or other such circumstances, circumstances related to an outbreak of COVID-19, including, but not limited to, the illness of a student or family member, compliance with a quarantine period, or the general disruption resulting from such an outbreak. The appeal letter should be accompanied by documentation such as a letter from a doctor, an accident report, or other supporting documentation.

Semester _____:

Semester _____:

Semester _____:

Please state what in your situation has changed that will allow you to be able to meet East Central Community College's SAP Policy in the upcoming semester.

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.