

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 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 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 [kmott@ecc.edu](mailto:kmott@ecc.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	
_____ Appeal Denied _____	Date
_____ Appeal Approved _____	Date

**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 may 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's Signature

\_\_\_\_\_  
Date