



2015-16 FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS APPEAL

Student Name Student ID or SSN
Street Address City State Zip Code
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Home Phone Alternate Phone ECC Email Address

The U.S. Department of Education requires each school that participates in Federal Student Financial Assistance programs to establish minimum standards for measuring Satisfactory Academic Progress (SAP). Students who receive Federal Pell Grant, Federal Supplemental Educational Opportunity Grant (SEOG), Federal Work-Study (FWS) and Federal Direct Student Loan (FDSL) are subject to the SAP policy. To remain unconditionally eligible, all federal student aid recipients must maintain a 2.0 Cumulative Grade Point Average (CGPA) and complete a minimum of 67% of all credit hours attempted. In addition, students must complete their respective academic programs within 150% of the hours required. For example, if the student's program requires 76 hours, the student can take up to 114 hours to successfully complete the program. Students failing to meet any one or any combination of the three SAP conditions, become ineligible.

Federal regulations make allowance for appealing financial aid suspensions under certain conditions with proper documentation. ECC recognizes that mitigating circumstances may prevent a student from completing a semester successfully.

If you wish to appeal your financial aid status due to mitigating circumstances, this form should be submitted three (3) weeks prior to the beginning of your next term of enrollment. Mitigating circumstances include but are not limited to the following:

- o A serious/prolonged illness or accident that prohibited you from completing classes. If a medical problem contributed to your failure to maintain satisfactory progress, you must attach supporting documentation from a medical professional from whom you received advice or treatment. This documentation should include a brief description of the illness, or accident, length of treatment and your last day of attendance.
o The death of an immediate family member. An immediate family member may include a parent, spouse, child, or sibling. Please indicate your relationship to the deceased. You must attach a copy of the death certificate and/or obituary. Include your last date of class attendance.
o Other circumstances beyond your control.

If your mitigating circumstance was a serious/prolonged illness, accident or other medically related issue beyond your control, a physician, professional counselor, attorney or other licensed professional must support your appeal.

- o If you are still dealing with this please describe the steps you have taken to address the issue.
o A recommendation from an academic advisor as to a realistic course load for you.

SECTION C: TO BE COMPLETED WITH FACULTY/ADVISOR

List the classes you recommend for the student to enroll in the next semester, **and the total hours needed for the student to graduate.**

Program Name: _____

Program Number: _____

Course Number	Section Number	Course Name	Credit Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total hours remaining to graduate in current program: _____

COMMENTS:

Advisor Signature

Advisor - Print Name

Date

APPEALS must be received three weeks before the first day of classes to receive priority consideration.

You will be notified of the appeal decision by email within 7 business days of the day you submit your completed appeal.

FINANCIAL AID APPEAL COMMITTEE USE ONLY

Name of Program: _____ Total Attempted Hrs: _____ Total Completed Hrs: _____

Completion Rate: _____ GPA: _____ Previous Appeal: Yes No

- Appeal denied due to insufficient information: _____
- Appeal denied due to completion rate: _____
- Appeal denied due to grade point average: _____
- Appeal denied due to grade point average and completion rate: _____
- Appeal denied due to hours needed to graduate, which exceeds the 150% rule _____
- Appeal Approved. Student must receive a cumulative GPA of 2.0 and an overall completion rate of 67% at the end of the probationary semester.
- Other: _____

Financial Aid Appeal Committee Decision

A decision has been made to approve deny the financial aid appeal for the student listed.

Recommendations/comments:

I agree disagree with the decision made by the committee.

Committee Member's Signature _____ Date _____

I agree disagree with the decision made by the committee.

Committee Member's Signature _____ Date _____

I agree disagree with the decision made by the committee.

Committee Member's Signature _____ Date _____

I agree disagree with the decision made by the committee.

Committee Member's Signature _____ Date _____