Student ID#	



## Satisfactory Academic Progress Financial Aid Suspension Appeal

			<u> </u>		
Student Name:					
Mailing Address:		City:	St	ate:Zip:	
Phone Number(s):	Em	ıail Address:			
What semester do yo	u plan to return?				
To comply with federal regulations, East Central College is required to monitor your financial aid satisfactory academic progress (SAP) in your course of study. Your SAP status is reviewed each semester for the below listed standards and your financial aid eligibility may be terminated (suspended) if you do not meet any of these requirements. To determine your SAP status, your entire academic history is evaluated regardless of whether or not you received financial aid for any particular semester.					
Minimum requiremen	ts to maintain good standing are:				
<ol> <li>Cumulative grade point average (1-24 credits attempted) = 1.8 or higher;</li> <li>Cumulative grade point average (24+ credits attempted) = 2.0 or higher;</li> <li>Complete 67% of all coursework attempted;</li> <li>Complete your specified program of study within 150% of the time allowed to earn the degree (if this is exceeded, you are considered Over-Hours).</li> </ol>					
To appeal the termination of your financial aid eligibility, <b>complete all of the following steps, attach any additional documents and return to the Financial Aid Office</b> . Decisions on appeals are made on a case-by-case basis using the information and documentation provided.					
Complete your FAFSA at <u>StudentAid.gov</u> all required documents to the financial aid office – appeals will not be considered without your financial aid file being complete.					
STEP ONE:	Reason For Your Suspension	 [			
I was suspended for:	CGPA below 1.8 CGCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	GPA below 2.0 and 67%		s than 67% of classes	
STEP TWO:	Reason You Think Your Appe		Approved		
The reason for my appeal is due to (mark all that apply):					
Medical Situation (Serious illness of family member or yourself) – attach birth certificates, medical record/documentation, and physician statements, or other documents.					
Death of an Immediate Family Member – attach copies of medical records, death certificate, obituary, funeral program, physician statements, or court documents.					
Other Circumstances: (Place X by applicable reason and attach appropriate documentation) Changed Degree/Major					

Prolonged absence from college (applies to the 150% suspensions when student must retake

classes already successfully completed due to class changes made to the program)

Circumstances out of student's control

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STEP 1	THREE:	Explanation	
	er the following questions. (Attacons before you begin writing.	ch a separate sheet of paper if neces	ssary). Please read all five
1.	Have you had a previous appeal	approved by East Central College?	Yes No. If Yes, when?
2.	successful completion rate of 67°	ch semester that prevented you from	meeting the minimum CGPA and or any grades of 'D', 'F', 'W', 'WX' or 'I'.
3.	change?	during my academic career: Please explain reason for cha	Yes No. If Yes, when did you nge. If you changed more than ree then state so in this section.
4.	What has changed in your circum	nstances that will help in your future a	academic success?
5.	What do you plan to do differently	y to help ensure academic success in	n the future?

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STEP FOUR:		Your A	cademic Succes	s Plan		
1. I am cı	rrently pursuing an:  AA AAT AAT AAS AAS ADN Certificate					
2. I am ci	am currently pursuing a Degree/Major in:					
3. Make	e an appointment to see your academic advisor.					
a. b. c. d.	The student, fin student's time a Go over degree course catalog a Complete the daken and what the completed Develop an aca each semester, students expect	nap to not only a ancial aid office, t ECC. /certificate requir as needed. egree audit for the areas/classes the degree audit or the maximum nued enrollment st.	cademic success and advisor will use the student's current student still new student planning and consisting of the cumber of credit he atus (FT or PT), as	s, but also graduuse this informate degree advising ent certificate/degreds to take. Stung education plus the specific classours to take each and the expected	ation. ion for the remair g worksheet and gree showing whatent Note: Maken and attach to	nder of the appropriate at they have the a copy of this appeal. will need to take d upon the
Semester 1	Semester 2	Semester 3	Semester 4	Semester 5	Semester 6	Semester 7
Advisor Notes:						
5. How m	nany additional cre	edit hours does th	ne student still ne	ed to pass to co	mplete their certif	ficate/degree?
6. Based	on this academic	plan you develo	ped with the stud	ent, when is the	student projected	d to graduate?
degree program apply toward the by the projecte	document you ce in the student is p nat specific degre ad date.	ursuing. Also, yo e and are neede	ou agree the clas	ses and the tota to complete thei	I number of credit	ts listed above

\_Date: \_\_\_\_

Advisor Signature:

STEP FIVE:	Documentation				
Attach applicable documentation that supports your explanation/justification of your extenuating circumstances you described in your statement(s) and other documents required for this appeal (mark all that you provided).					
Physician Statements	☐ Medical Documents	Medical Bill/Statements			
☐ Death Certificate	Obituary	Funeral Program			
☐ Police Accident Reports	☐ Court Documents	Work			
Housing	☐ Signed Statements	Other Appropriate/Applicable Document			
Degree Audit/Checklist		Other			
STEP SIX:	Acknowledgement -	of Understanding and Signature			
1. Submit ALL appeal paperwork to the Financial Aid Office.  a. Make sure all parts are complete. Incomplete appeals will delay the processing of your request b. Make sure that your financial aid file is complete – that all verification documents have been submitted.  2. Priority is given to complete appeal packets submitted to the Financial Aid Office by priority deadlines:  Fall: July 1 Spring: December 1 Summer: May 1  By signing this form, I agree I will (1) successfully complete all of my credit hours attempted with at least a 2.0 CGPA while on appeal and working toward regaining satisfactory status and (2) follow my academic success plan as outlined in the previous pages. Also, by signing this form, I am stating that I understand (1) the completion of this application does not constitute an approval of my appeal, (2) I will be notified of the decision by email/mail within 2 weeks, (3) if I do not successfully complete all of my classes while on an approved appeal, my financial aid eligibility will be terminated (suspended) for future semesters without an option to appeal again, and (4) decisions on appeals are processed on a case-by-case basis based on the information you provided. And, finally, I am stating I have read and I understand the ECC SAP Policy available at: <a href="http://www.eastcentral.edu/finaid/forms/">http://www.eastcentral.edu/finaid/forms/</a> .					
Student Signature		Date			

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Once the form is completed, you may mail it to the Financial Aid Office, 1964 Prairie Dell Road, Union, MO 63084, fax it to (636) 583-6651, scan and email it to <a href="mailto:finaid@eastcentral.edu">finaid@eastcentral.edu</a>, or bring it to our office.