



SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL

Financial Aid Office

1964 Prairie Dell Road, Union, MO 63084

Phone: 636-584-6588 Email: financialaid@eastcentral.edu

Name: _____ Student ID# _____
Last First MI

Address: _____ Phone: (____) ____ - ____
Street City State Zip

I am requesting Financial Aid Reinstatement for the following term: (mark one)

☐ Fall 20____ ☐ Spring 20____ ☐ Summer 20____

The reason I am asking for an exception is:

GPA/Completion Rate (Pace):

- ☐ My GPA is below a 2.0.
- ☐ I have not completed 67% of the courses I have attempted.

Maximum Time Frame:

- ☐ I have exceeded the maximum time frame allowed to complete my program of study or it has become mathematically impossible for me to complete my program within the maximum time frame permitted. (Students appealing for exceeded maximum time frame are **REQUIRED** to submit a current degree audit and a completed academic plan signed by an Academic and Career Navigator.)

Other:

- ☐ I previously graduated with an associate's degree and am now pursuing a different degree. (Students returning to complete a second degree are **REQUIRED** to submit a current degree audit.)
- ☐ I am no longer eligible to graduate and need to complete additional coursework.
- ☐ Reason not listed above _____

Please provide details describing the extenuating circumstances that prevented you from meeting the SAP standards you checked above, which may include illness, injury, death in the family, or other hardships. Provide supporting documentation of the extenuating circumstance described. What steps have you taken to resolve the extenuating circumstances that contributed to you not meeting SAP standards?

Type your personal statement below:

Documentation:

All submitted documents should be relevant to your appeal. Attach corresponding documentation that specifically addresses the circumstance and the term(s) in which you failed to make progress.

The following are examples of acceptable documentation:

- Letters from professionals outlining their direct knowledge of your extenuating circumstances (physician, clergy member, lawyer, counselor, law enforcement officer, or court official)
- Medical, legal, or military documents
- Funeral notice or death certificates
- Accident reports, police records, court records, etc.

Student Certification of Understanding (check all boxes):

- ☐ I have attached supporting documentation.
- ☐ I understand that approval is not guaranteed. If my appeal is denied I am responsible for all charges on my East Central College student account, even if the decision is received after the date to drop for a refund of tuition and fees.
- ☐ I certify that the information contained in this SAP appeal form, supporting documentation and statements, is accurate and complete to the best of my knowledge. I understand any false information is cause for the reduction, denial and/or repayment of student financial aid.
- ☐ If my appeal is approved and I fail to meet the conditions of my Academic Plan, or fail to meet any other SAP standard, I will become ineligible for federal and state financial aid. Academic Plans serve as a semester-by semester guide to help students stay on track with degree completion.

Deadline:

An appeal for the current semester will not be considered by the Financial Aid Appeals Committee after week one of your period of enrollment. The Financial Aid Office will send you a letter indicating approval conditions or the denial of your request.

Student Signature

Date