Financial Aid Standards for Satisfactory Progress are established by the Department of Education to encourage students to successfully complete courses and progress satisfactorily toward program completion. Pursuant to federal regulations, students denied financial aid due to unsatisfactory progress may use this form to appeal for reconsideration of financial aid eligibility, as long as this happened as the result of mitigating or unusual (crisis) circumstances.

- I am completing this appeal form so that I may be reconsidered for financial aid for the _______ semester.
- Have you appealed your financial aid/academic termination before? ☐ Yes ☐ No

*Please understand that only under extreme circumstances, will a second appeal be processed! You are strongly encouraged to provide as much supporting documentation and letters of recommendation as possible.*

This appeal process REQUIRES completion of the check list below. Incomplete appeals will not be processed!

- Review the Financial Aid Satisfactory Progress Standards Sheet. This information is available on the ECC website and upon request in the Financial Aid Office. Students that are applying only for academic reinstatement (not receiving financial aid) should review the academic policy contained in the College Catalog.

- Provide an explanation of the circumstances that prevented you from meeting the standards (you may use a separate 8.5 x 11” sheet of paper. Typed is preferred, but not required.) You should address the unsatisfactory performance for all semesters that caused you to lose financial aid eligibility. If suspended due to the 150% standard, please explain why you need to take additional classes and your expected educational objective at Ellsworth Community College.

________________________________________________________________________________________
________________________________________________________________________________________
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________________________________________________________________________________________
Explain what has changed with your situation that would now make you successful if we granted your appeal.

Attach supporting documents that verify your situation. This should be from someone who has direct awareness of the extenuating circumstance. For example, attach medical bills for hospitalization or doctor’s signed statements; academic concerns should be documented by an academic advisor, counselor or instructor.

Submit this completed Appeal Form and the attachments by the deadlines to the Financial Aid Office after the items listed above are complete. Please be advised that you could be responsible for your tuition and fees payment until the Appeal Committee has made a decision. You will be notified by letter of the Appeal Committee’s decision.

By signing this form, I understand if my appeal is approved, I will be required to meet with one of the Student Success Specialists in the Hub to complete and sign an Academic Success Plan. I attest that this information is true and accurate. I understand that any falsified information will result in denial of this appeal and incomplete information may cause delays. I also understand that only under extreme situations will more than one appeal be approved and that without sufficient documentation will be automatically denied.

Student’s Signature ___________________________ Date ___________________________