



## 2025-2026 FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS APPEAL

### Instructions:

- Complete this form in its entirety. Incomplete forms will not be reviewed.
- Provide your signature.
- Download the form, save and email it to [sap@edgecombe.edu](mailto:sap@edgecombe.edu) or bring to Student Services on either campus.
- You will be contacted by your designated Student Services Counselor to discuss your academic plan for the following term.
- You will be notified regarding the status of your appeal (approval or denial) via your my.edgecombe.edu email.
- If your appeal is approved, your Student Services Counselor will contact you regarding course registration.

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 aid such as Federal Pell Grant, Federal Supplemental Educational Opportunity Grant (SEOG), Federal Work-Study (FWS) and Federal Direct Student Loan (FDSL) must adhere to the SAP policy. To remain 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 program(s) 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 for federal and state financial assistance.

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:

- A serious/prolonged illness or accident that contributed to your failure to maintain satisfactory progress.
- The death of an immediate family member. An immediate family member may include a parent, spouse, child, or sibling.
- Other circumstances beyond your control.

If you are appealing due a medical or serious illness, it is strongly recommended that you attach supporting documentation from a 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.

If you are appealing due to the death of a family member it is strongly recommended that you attach a copy of the death certificate and/or obituary. Please indicate your relationship to the deceased.

Additionally, Section C should be completed by your designated counselor in Student Services.

## 2025-2026 FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS APPEAL

### SECTION A: TO BE COMPLETED BY THE STUDENT

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ ECC Email Address: \_\_\_\_\_

Program of Study: \_\_\_\_\_ Anticipated Graduation Month/Year: \_\_\_\_\_

Please check the term for which you are appealing to have your financial aid reinstated.

☐ Fall 2025

☐ Spring 2026

☐ Summer 2026

#### Reason for Appeal (Check all the apply)

- ☐ Grade Point Average – Cumulative grade point average (GPA) below 2.0
- ☐ Completion Rate - Completed less than 67% of my attempted hours
- ☐ Maximum Timeframe- Attempted more than 150% of the total credits required for current major but have a cumulative GPA of above 2.0 and completed more than 67% of attempted hours.
- ☐ Maximum Timeframe (Working on Second Program)

Have you previously submitted an appeal? \_\_\_\_ YES \_\_\_\_ NO

Discuss the circumstances that prevented you from meeting Satisfactory Academic Progress (SAP) while attending ECC. Be specific about the events and the affected period of enrollment. (Use separate page if needed)

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Discuss what has changed in your situation so you can now succeed at earning your degree, diploma, or certificate at ECC. Describe the efforts, steps or you have made which will now enable you to meet the academic progress requirements in your next term of enrollment. (Use separate page if needed)

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### SECTION B: STUDENT CERTIFICATION

I understand and agree to the following:

- All decisions will be based on the information I have provided.
- If my appeal is approved I will adhere to the attached academic plan and make SAP during my next term of enrollment.
- If my appeal is denied, I will be responsible for paying my tuition and fees out of pocket.
- I understand that all decisions are final.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NAME \_\_\_\_\_ ID: \_\_\_\_\_

**SECTION C: TO BE COMPLETED WITH YOUR STUDENT SERVICES COUNSELOR BASED ON LAST NAME**

**ROCKY MOUNT CAMPUS**

Domonique Hall A-M, [halld@edgecombe.edu](mailto:halld@edgecombe.edu)  
Courtney Baggett N-Z, [baggettc@edgecombe.edu](mailto:baggettc@edgecombe.edu)

**TARBORO CAMPUS**

Teresa Bottoms A-M, [bottomst@edgecombe.edu](mailto:bottomst@edgecombe.edu)  
Shaquana Deans N-Z, [deanss@edgecombe.edu](mailto:deanss@edgecombe.edu)

Program of Study: \_\_\_\_\_ Anticipated Graduation Month/Year: \_\_\_\_\_

Program Number: \_\_\_\_\_

**TOTAL HOURS REMAINING** to complete current program: \_\_\_\_\_

List the classes you recommend for the student to enroll in the next semester based on the College's [academic standing policies](#).

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

**Total Semester Hours:** \_\_\_\_\_

**COUNSELOR COMMENTS:**

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\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Counselor - Print Name

\_\_\_\_\_  
Date

**You will be notified of the appeal decision by email within 48 hours upon the conclusion of the appeals committee meeting. You should be checking your [my.edgecombe.edu](#) student email account accordingly.**

**Appeals committee meeting dates are posted [here](#).**

NAME \_\_\_\_\_ ID: \_\_\_\_\_

**FOR FINANCIAL AID OFFICE USE ONLY**

Name of Program: \_\_\_\_\_ Total Attempted Hours: \_\_\_\_\_ Total Hours Earned: \_\_\_\_\_

Completion Rate (Pace) \_\_\_\_\_ GPA: \_\_\_\_\_ 150% Hrs. of Program: \_\_\_\_\_

Previous Appeal: \_\_\_\_Yes \_\_\_\_No Number of Appeals \_\_\_\_\_ Dates and Decisions of Appeals \_\_\_\_\_

Documents Attached: Academic Transcript: \_\_\_\_\_ SAPV (Screenshot from Colleague): \_\_\_\_\_

**Reason for Appeal (Check all the apply)**

- € Grade Point Average – Cumulative grade point average (GPA) below 2.0
- € Completion Rate - Completed less than 67% of my attempted hours
- € Both Grade Point Average/ Completion Rate
- € Maximum Timeframe- Attempted more than 150% of the total credits. **Is the student currently enrolled in a second program/degree? \_\_\_\_ YES \_\_\_\_ NO**

**FINANCIAL AID APPEAL COMMITTEE DECISION**

A decision has been made to \_\_\_\_approve \_\_\_\_deny the financial aid appeal for the student listed.

- € 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.
- € Approved with recommendations. (see recommendations/comments)
- € Other: \_\_\_\_\_

**Recommendations/comments:**

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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