

Appeal of Financial Aid Suspension

Student's Last Name _____

Student's First Name _____

Banner ID Number _____

_____ @students.ecsu.edu

(_____) _____

Student's Email Address

Best Contact Number

Use this form if eligibility to receive financial aid has been suspended. You have an opportunity to appeal this decision. Carefully read and follow the instructions below to submit your appeal. Once your appeal has been reviewed by the Financial Aid Appeals Committee, you will be notified of the decision.

****NOTE: Appeals are due to the Financial Aid Office ONE WEEK PRIOR to the start of class.****

Semester for which you are submitting the appeal (i.e. Fall 2020): _____

Please indicate the extenuating circumstance that contributed to your inability to maintain SAP by checking any category that applies to you. *For the reason selected, you also must follow the instructions for submitting appropriate documentation.*

Check One

Reason for Appeal:

Supporting Documentation REQUIRED:
(all letters must be signed and dated)

	Serious illness or injury to student or family member that required extended recovery time.	<ul style="list-style-type: none"> • Letter of appeal from student addressing academic performance. • Statement from the physician <u>on letterhead</u> explaining the nature and dates of the illness or injury and a release to return to classes.
	Death of a close family member.	<ul style="list-style-type: none"> • Letter of appeal from student addressing academic performance. • Photocopy of the death certificate or obituary and <u>indicate your relationship to the deceased.</u>
	Job-related Issues.	<ul style="list-style-type: none"> • Letter of appeal from student addressing academic performance. • A detailed explanation regarding the specific circumstances of the job-related issue (include dates and what you have done to overcome this issue). • Supporting documentation from <u>your employer</u>, including their contact information.
	Victim of a crime	<ul style="list-style-type: none"> • Letter of appeal from student addressing academic performance. • Copy of police reports of incident(s).
	Other	<ul style="list-style-type: none"> • Letter of appeal from student addressing academic performance. • Supporting documentation of special circumstance(s)
	*For students reaching Maximum Timeframe (CAP) – Second-Degree, Double Major or Change of Major	<ul style="list-style-type: none"> • Letter of appeal from student addressing academic performance. • Supporting documentation from Office of the Registrar.

By signing this form, I certify that the information provided and all supporting documentation is true and accurate. Submission falsified documentation will result in an immediate denial of your appeal.

Incomplete appeals (lacking supporting documentation) will NOT be reviewed.

After initial review, you may be required to submit an Academic Plan before a final decision can be made on your appeal. All decisions by the Financial Aid Appeals Committee are FINAL.

Student Signature _____ Date _____

OFFICE of STUDENT FINANCIAL AID AND SCHOLARSHIPS

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