



OFFICE OF FINANCIAL AID
CONDITIONAL PROBATION APPEAL FORM
Academic Year \_\_\_\_\_

Student Name \_\_\_\_\_ ECC ID# \_\_\_\_\_ Date: \_\_\_\_\_

You failed to meet the SAP standards for Financial Probation. To request a second appeal you must complete this form for approval to be considered for aid. Submit this appeal to the Office of Financial Aid, Room 3220. Allow 10 business days for a determination of eligibility. Please provide a brief description of why you are filing this appeal and attach the appropriate documentation to support your appeal:

Briefly describe why you are filing this appeal: \_\_\_\_\_

CONDITIONS OF APPEAL

If this appeal is approved:

- You will be awarded for one semester only
You must maintain a semester/term GPA of 2.0 or better or regain SAP eligibility.
You may not earn any of the following grades in any course taken during the semester/term: F, I, W, N or be reported as a No Show in any course.
You must maintain all the conditions of your Academic Plan.

If this appeal is denied:

- You must earn minimum of 6 credits, required for their major during your next enrollment period.
Earn a semester GPA of 2.0 or better during that semester/term
You may not earn any of the following grades in any course taken during the semester/term: F, I, W, N or be reported as a No Show in any course taken during this semester/term.
You must pay for the courses taken from your own resources

IMPORTANT: After you have earned a minimum of 6 credits, you must submit a Request for Reinstatement. The Request for Reinstatement Form can be obtained on our website at www.essex.edu/fa.

CERTIFICATION STATEMENT:

I certify the information provided on this form and the documentation I am submitting to support this appeal (if applicable) is true and correct to the best of my ability and I understand that my grades must be posted before eligibility can be determined. If I register before eligibility is determined, I must be prepared to make a payment on my registration bill.

Student Name \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY: [ ] APPROVED [ ] DENIED

COMMENTS: \_\_\_\_\_

FAO Signature: \_\_\_\_\_ Date \_\_\_\_\_