



OFFICE OF FINANCIAL AID
SECOND 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 _____