Federal financial aid is intended to assist students in making successful progress toward completing an eligible degree or certificate. Therefore, the STUDENT bears the responsibility of demonstrating progress toward that goal. Determination of Satisfactory Academic Progress (SAP) is based on cumulative attempted hours and takes into account the student’s full EWC academic record regardless of whether the student received financial aid funds. The Financial Aid Office is required to look at all previous periods of enrollment, including concurrent enrollment/dual credit classes taken while in high school, transfer credits, and periods of Academic Amnesty, no matter how long ago the student was enrolled. Satisfactory progress is evaluated at the end of every semester.

In compliance with federal financial aid regulations and EWC policies, a student is ineligible to receive federal financial aid, including student loans, if he/she fails to meet any of the following conditions:

- **Loss of Eligibility:** Failed to successfully complete at least 67% of overall credit hours attempted and/or failed to achieve a minimum 2.0 cumulative Grade Point Average (GPA) for one or more semesters following a Warning semester.
- **Maximum Time Frame:** Attempted 24 or more credits for a skin tech, child development or entrepreneurship certificate programs, 35 or more credits for other certificate programs, or 80 or more credits for a degree program without having successfully completed the degree. Students who have already earned a degree or certificate are also considered to be at Maximum Time Frame, even if credit maximums have not been met.

A student who experienced extenuating circumstances (usually considered beyond the student’s control) that created the suspension or excessive attempted credits may petition for reinstatement of eligibility by completing the appeal procedure outlined below. **There is a limit of appeals allowed; appeals are accepted at the discretion of the Appeal Committee and only if the criteria established in the appeal agreement and program evaluation are met.**

Appeals should be submitted as soon as possible following notification of loss of eligibility, but **NO LATER THAN MID-TERM OF THE SEMESTER FOR WHICH THE STUDENT IS REQUESTING AID.**

**PETITION FOR EXTENSION OF MAXIMUM TIME FRAME APPEAL PROCEDURES**

- Complete ALL required information on the appeal form. Incomplete petitions will not be considered.
- Complete **Student Section** of appeal in detail (a typed sheet may be attached as long as all points are addressed).
- Attach documentation to support your circumstances (e.g., a letter from a physician to document medical issues). This documentation must be retained in your financial aid file, so please do not submit originals.
- The student must meet with an academic advisor to complete the **Advisor Section** of the appeal and to go over a program evaluation to ensure the student is enrolled only in credits needed to graduate. Schedules are reviewed each semester and aid is adjusted to fund only required courses. Complete the **Student Section** of the appeal BEFORE making an appointment with an advisor. Program evaluations may be obtained from the Records Office or via your LancerNet Academic Profile. Student and academic advisor must sign the appeal form.
- Complete all steps of appeal and submit with required documentation to the Financial Aid Office. The Appeal Committee will review the appeal along with academic and financial aid records to make a decision. **Allow at least 30 days for review.**
- A student is not required to make payments toward an outstanding balance while an appeal is under review, but will not be allowed to charge books during a book charging period unless/until the appeal is approved. If the petition is NOT approved, the student is responsible for paying all charges incurred.
- Student is notified via mail when a decision is reached on the appeal. Please make sure Student Services has a current and correct address and phone number on file. If the appeal is approved, the student will be required to sign an agreement indicating he/she understands and will comply with the conditions of the appeal approval.
- Students who are abiding by terms of the Extension Agreement do not have to re-appeal each semester.
- A student whose appeal is denied and who disagrees with the decision of the Appeal Committee has the right to re-appeal to the Financial Aid Director.
STUDENT INFORMATION • MAX APPEAL

Last Name  First Name  M.I.  EWC Student ID Number

Address (include apartment number)

City, ST, Zip  Social Security Number (last four digits)

Phone Number (include area code)

STUDENT SECTION (Complete BEFORE meeting with Advisor)

Major/Program of Study: __________________________________________  Expected graduation date: __________________________

Semester for which you are requesting reinstatement:  □ Fall 2015  □ Spring 2016  □ Summer 2016

Have you previously filed an appeal for federal financial aid?  □ Yes  □ No

If planning to transfer to a four-year institution, please indicate school: ________________________________________________________

If you have attended other colleges, please list here: ____________________________________________________

All official transcripts must be on file and evaluated by the Records Office before appeal will be reviewed.

* Please provide a detailed statement explaining why you believe the Appeal Committee should grant your request for continuation of your aid. Simply stating that you need more hours to complete your degree program is not sufficient. Explain WHY you have exceeded the maximum credits allowed to complete your program and WHY you need additional hours to graduate. If you already have a degree, explain why you are returning to school. Although your reasons may be personal, the Committee requires explanation in order to make an informed decision based on the merit of your claims for appeal. Your appeal application will remain confidential. Please be specific, provide clear detail about your educational goals and attach supporting documentation if it substantiates your explanation. Include explanations for receiving deficient grades and/or reasons for a cumulative GPA below 2.0 in unsuccessfully attempted hours contributed to your exceeding the Maximum Time Frame. Also explain any circumstances that may have contributed to withdrawing from any classes. You may attach additional sheets if needed.

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The student must meet with an academic advisor to complete the Advisor Section of the appeal and to go over a program evaluation to ensure the student is on track for graduating in a timely manner and that only credits needed for degree completion are taken. Complete the Student Section of the appeal BEFORE making an appointment with an advisor. Program evaluations may be obtained from the Records Office or via your LancerNet Academic Profile. Student and academic advisor must sign the appeal form indicating that the program evaluation has been reviewed and discussed.

Please list your planned course work at EWC for the semester for which you are requesting an extension and the following semester (if applicable). You may attach additional sheets if needed.

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<tr>
<th>Semester 1</th>
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<td>Course #</td>
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**PLEASE NOTE THAT ONLY CLASSES THAT ARE REQUIRED TO COMPLETE YOUR DEGREE AS DETAILED ON YOUR PROGRAM EVALUATION CAN BE FUNDED WITH FEDERAL FINANCIAL AID. Please detail approved course substitutions that do not appear on the program evaluation.**

*Advisor:* Please provide any additional information you may have for why this student’s appeal should or should not be approved. Can the student successfully achieve his/her educational goals? Has the student overcome any obstacles he/she may have previously faced? Is the student taking the appropriate type/number of classes for his/her ability and taking advantage of tutoring and other resources available? Please note if you do not feel you can support this student’s appeal for any reason (and provide an explanation). The Appeal Committee needs an honest evaluation of this student’s capabilities and needs to know what advising resources have been discussed (tutoring, career counseling, online advising, etc.) to help him/her be successful in the future. *If you are not comfortable giving the student back this form with your evaluation, you may submit it directly to the Financial Aid Office or e-mail your statement directly to the Financial Aid Director.*

________________________________________________________________________________________________________________________________________________

Advisor’s signature: ________________________________ Date: __________________________

Printed name: ________________________________

★★ Advisor: Signature of appeal indicates that the advisor has discussed resources available for the student’s success, has reviewed the program evaluation with the student, and has approved classes listed as required for graduation. ★★

**STUDENT CERTIFICATION AND SIGNATURE**

By signing this worksheet, I certify that all of the information reported is complete and correct. I understand that only classes that apply to my degree may be funded and that I must complete all classes with a grade of C or higher and not withdraw from any classes past the free drop/add period. I also understand that if my appeal is denied, I am responsible for any outstanding charges and will have to continue my education at my own expense.

Student signature: ________________________________ Date: __________________________