SATISFACTORY ACADEMIC PROGRESS APPEAL INSTRUCTIONS

1. **Provide all information** on the Satisfactory Academic Appeal Form. Begin the Satisfactory Academic Progress Appeal Form on the other side of this page.

2. **See an academic counselor to complete an academic plan.** The academic plan is a plan you will create that will allow you to meet HCC’s Satisfactory Academic Progress Policy requirement within the allowed timeframe specified by Federal Regulations.

3. **Submit the Satisfactory Academic Progress Appeal Form and the academic plan** you created. Also **submit any supporting documentation** that will support the reason you cited that caused you to not meet Honolulu Community College’s Financial Aid Satisfactory Academic Progress Policy requirements.

4. A Financial Aid Officer will review your SAPAPP and **you will be notified once determination is made.**

Additional space for 1st question response:
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Additional space for 2nd question response:
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SATISFACTORY ACADEMIC PROGRESS APPEAL

Print Student’s Last name, First MI Student ID Number

Student’s E-mail Address: ________________ Major: ________________

I was unable to meet the requirements for satisfactory progress because:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

(use back for additional space)

I am planning to make the following changes in order to meet the requirements of satisfactory academic progress:

_________________________________________________________________
_________________________________________________________________
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(use back for additional space)

I have met with my HCC counselor to review my academic program and progress and have attached my satisfactory academic progress plan along with this form.

Student’s Signature __________________________ Date ______________

HCC Counselor’s Signature __________________________ Date ______________

FOR FINANCIAL AID USE ONLY: _____ Approved _____ Not approved

Financial Aid Administrator __________________________ Date ______________