SATISFACTORY ACADEMIC PROGRESS APPEAL FORM
Deadline: Must be received/date stamped by November 1st for Fall and April 1st for Spring.

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

1. **Attach a Personal Statement to address the following questions:**
   a. I was unable to meet the requirements for Satisfactory Academic Progress for the following reasons.
   b. I am planning to make the following changes in order to meet the requirements of satisfactory academic progress.

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 Personal Statement, Satisfactory Academic Progress Appeal Form, and the academic plan** you created to the financial aid office. 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 Appeal and **you will be notified in writing once determination has been made.** Processing time may take 6 – 8 weeks (additional time will be needed for appeals submitted at the beginning of the Fall/Spring terms).

5. The decision of the Financial Aid Office is **final** and can neither be appealed to another Honolulu CC agent nor the Department of Education.

6. I understand that the Financial Aid Office will review my Appeal and will notify me of their decision and until that decision is made, **I understand that I am responsible to pay for my tuition, books/supplies, and other educational expenses.**

   Any appeals submitted after the deadline will be reviewed for the following semester(s) only. **You will not be eligible to receive financial aid for a semester where the deadline has passed.**

   __________________________________________________________________________

   Student’s Signature __________________________ Date __________________________

   __________________________________________________________________________

   HON CC Academic Counselor’s Printed Name __________________________ Date __________________________

   __________________________________________________________________________

   HON CC Academic Counselor’s Signature __________________________ Date __________________________

   __________________________________________________________________________

   FOR FINANCIAL AID USE ONLY: ______ Approved ______ Not approved __________________________ Date __________________________

   __________________________________________________________________________

   Financial Aid Administrator __________________________ Date __________________________

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