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 ____________

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FOR FINANCIAL AID USE ONLY: _____ Approved _____ Not approved

Financial Aid Administrator ___________________________ Date ____________

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