



# APPEAL OF SATISFACTORY ACADEMIC PROGRESS POLICY

Please mail directly to:  
HAWAII COMMUNITY COLLEGE  
FINANCIAL AID OFFICE  
200 W. KAWILI STREET  
HILO, HAWAII 96720-4091

HAWAII COMMUNITY COLLEGE, FINANCIAL AID OFFICE

Student's Name:

\_\_\_\_\_

Last

First

M.I.

Banner ID or SSN:

\_\_\_\_\_

Semester for which appeal is requested:

Fall

\_\_\_\_\_

Year

Spring

\_\_\_\_\_

Year

Summer

\_\_\_\_\_

Year

Please describe the circumstances/event (e.g. illness, death of family member, etc.) that you are requesting HawCC consider when making the Satisfactory Academic Progress Appeal decision (include actual dates when possible).

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NOTE: You must provide supporting documentation. Please attach the documentation to this form.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date



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**OFFICIAL USE ONLY (FINANCIAL AID OFFICE)**

\_\_\_\_\_ Approved                      \_\_\_\_\_ Denied                      \_\_\_\_\_ Date                      Date of Decision

Basis for Decision:

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FA Signature: \_\_\_\_\_  
FA Signature

Notification sent to Student \_\_\_\_\_  
Initials

Status Updated \_\_\_\_\_  
Initials

**OFFICIAL USE ONLY**