HAWAI'I COMMUNITY COLLEGE
Student Appeal for Policy/Procedural Exception Form

UH ID/UH Username: ____________________________ Semester: __________ Year: _________

Name: ____________________________ Phone: ____________________________

Last                         First                        MI

Address: ____________________________ Email: ____________________________

Street                        City                        State                        Zip Code

Hawai‘i Community College (HawCC) adheres to policies governing admissions, registration and academic progress in order
to ensure consistency and integrity in the services we deliver to our students and to provide clear expectations by which
students may measure their academic performance and progress. Information about these policies are made available to our
students through a variety of media such as HawCC’s website, letters, email, the MyUH portal, orientation and advising, the
Kauhale newsletter, in-class announcements, UH System email broadcasts, and our college catalog. Students are responsible
for and held accountable for the information provided and for following proper procedures and meeting deadlines.

This Student Appeal for Policy/Procedural Exception Form is used to request consideration for an exception to established
HawCC policy and procedure in the event of extenuating circumstances that are beyond the student’s control, such as serious
illness or injury, a death in the family, involuntary job transfers or military service, and institutional error. A request for an
exception to another campus’ policy or procedure must be made to that campus. HawCC cannot make exceptions for another
campus.

Please fill-out all relevant sections and submit the completed form and supporting documents, if applicable, to the Admissions
& Records Office.

Address: 200 W Kawili Street        Email: hawccar@hawaii.edu
          Hilo, HI 96720                FAX: (808) 934-2501

You will be notified via email of the approving authority’s final decision. If you have any questions, please contact the
Admissions & Records Office at (808) 934-2710.

You are strongly encouraged to discuss your request with an advisor/counselor prior to submitting this form. Contact
information: Manono Campus (808) 934-2720 or UH Center at Pālamanui (808) 969-8816.

Have you talked with an advisor/counselor? YES  O  NO  O  Name: ____________________________

Are you receiving Veteran’s (VA) benefits? YES  O  NO  O  If yes, VA representative must initial here. __________
Are you an F1-Visa International student? YES  O  NO  O  If yes, International Counselor must initial here. __________
Applied for Financial Aid at HawCC? YES  O  NO  O  If yes, did you receive a financial aid award? __________

Registration changes may affect future eligibility for financial aid and may result in a financial obligation. If you are receiving
financial aid, you should discuss your request with the Financial Aid Office prior to submitting this form.

Please check the policy/procedure for which you are petitioning an exception and provide the requested information:

☐ Admissions Application deadline (the Change of Home Institution Form is considered an application for admissions)
The deadline to apply for the ____________________________ semester was ____________________________.

☐ Request to Lift Financial Obligation Hold to Allow Registration
Amount of Hold: $ _______________  Reason for Hold: ____________________________
Provide an explanation of how you intend pay for your current obligation in the space provided below.

Last modified Sept 22 2015
**Tuition/Fees Refund and Registration deadlines**

Step 1: Please indicate what you are requesting with this petition. Check one, only.
- ☐ Withdraw from class(es) with 100% refund of tuition without W on transcript
- ☐ Withdraw from class(es) with 100% refund of tuition with W on transcript
- ☐ Withdraw from class(es) with 50% refund of tuition without W on transcript
- ☐ Withdraw from class(es) with 50% refund of tuition with W on transcript
- ☐ Withdraw from class(es) with no refund with W on transcript
- ☐ Register for class(es) after the deadline to do so. The deadline to register was ____________.

Step 2: **Attach a completed Add/Drop Form.** Registration after the deadline requires the instructor(s) signature on the Add/Drop Form. Instructor(s) must also input registration overrides (capacity, pre-requisite, etc.) via MyUH.

Provide an explanation for your appeal: ____________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

Please indicate the extenuating circumstance(s) by which you are petitioning for a policy/procedural exception. Check all that apply. You are required to submit documentation to support your claim(s) of extenuating circumstance(s).

☐ Death of immediate family member (copy of obituary or death certificate)
☐ Serious illness or injury (physician’s note)
☐ Involuntary job transfer or military service (official notice on company letterhead or military orders)
☐ Recalled in support of a national emergency (official notice)
☐ Victim of domestic violence (police report number or letter from service agency)
☐ Institutional error (written verification from HawCC faculty/staff)

**APPELLANT’S CERTIFICATION**

I certify that the information provided above is true to the best of my knowledge. I understand that providing incorrect or false information may subject me to the requirements and/or disciplinary measures as provided under the University’s Student Conduct Code. I understand that I may be required to provide additional certified or official documentation to support my claim(s) of extenuating circumstances. I understand and accept that registration changes may affect my future eligibility for financial aid and may result in a financial obligation.

Date: ___________________________ Appellant’s Signature: ___________________________

********FOR OFFICE USE ONLY********

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<th>Academic Dismissal</th>
<th>Denied</th>
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<td>Signature of VCAA</td>
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<th>Tuition/Fees Refund and Registration</th>
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<td>Signature of VCSA</td>
<td>Date</td>
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[ ] 100%/no W (A1) [ ] 100%/with W (A3) [ ] 50%/without W (A2)
[ ] 50%/with W (A4) [ ] No refund/with W [ ] Register after deadline

Notes: ____________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

Last modified Sept 22 2015