Student's Name: ____________________________  ____________________________  ____________________________
Last                                                     First                                         M.I.

UH ID Number or Username: ____________________________

Semester for which appeal is requested:
Fall ____________________________  Spring ____________________________  Summer ____________________________
Year                                                     Year                                         Year

Please explain the mitigating circumstances/event (e.g. accident, illness, death of family member, etc.) that you are requesting HawCC to consider when making the Satisfactory Academic Progress Appeal decision (include actual dates) which contributed to your lack of progress. Please provide documentation to substantiate your statement and an outline of what steps you have taken to ensure academic progress.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

NOTE: If no documentation is provided, your appeal will be incomplete and will not be reviewed.

________________________________________  _________________
Signature                                      Date
OFFICIAL USE ONLY (FINANCIAL AID OFFICE)

_________ Approved ___________ Denied ___________ Date of Decision

Basis for Decision:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

FA Signature:

________________________________________________________________________
________________________________________________________________________

Notification sent to Student

________________________________________________________________________

Status Updated

________________________________________________________________________