SATISFACTORY ACADEMIC PROGRESS APPEAL INSTRUCTIONS

Student’s Last Name, First                 MI  Student ID Number

Term Applying for Appeal: _____ Fall _____ Spring _____ Summer

Academic Year: ____________ (ex. 18-19)

1. **See an academic counselor to complete the Academic Progress Appeal Form.** The academic appeal form will allow you to meet HawCC’s Satisfactory Academic Progress Policy requirement within one (1) semester, the allowed timeframe specified by Federal Regulations. If SAP eligibility cannot be regained in one (1) semester, then you will have to complete an Academic Plan with your counselor.

2. **Provide all information** on the Satisfactory Academic Appeal Form, as well as complete the class listing below with your academic counselor.

3. **Submit the Satisfactory Academic Progress Appeal Form,** as well as any **supporting documentation** that will support the reason you cited that caused you to not meet Hawai‘i Community College’s Financial Aid Satisfactory Academic Progress Policy requirements

4. The Financial Aid Director will review your SAPAPP and you will be notified once determination is made. The decision of the Director of Financial Aid is final and can neither be appealed to another HawCC agent nor the U.S. Department of Education.

Complete the listing of classes being taken for the current / upcoming semester with your Academic Counselor:

<table>
<thead>
<tr>
<th>Course(s) enrolled</th>
<th>Credits</th>
<th>Credits Applicable to Major (include required remedial credits)</th>
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**FOR COUNSELOR USE:**

Attach the following:
- [ ] STAR Academic Essentials with Expanded Courses
- [ ] SAP Calculation Worksheet
- [ ] STAR Transfer Report
- [ ] Academic Plan (If needed)
- [ ] STAR Campus Report by Semester
SATISFACTORY ACADEMIC PROGRESS APPEAL

Student’s Last Name, First MI
Student ID Number

Student E-mail Address: ____________________________________________ Major: ______________________

I was unable to meet the requirements for satisfactory progress because:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I am planning to make, or have made the following changes in order to meet the requirements of satisfactory academic progress:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I have met with my HawCC counselor to review my academic program and have completed my satisfactory academic progress class listing on the front of this form.

_____________________________________________ ______________________
Student Signature Date

_____________________________________________ ______________________
HawCC Academic Counselor Signature Date

FOR FINANCIAL AID USE ONLY: ______Approved ______Not approved

_____________________________________________ ______________________
Financial Aid Director Date