

## **University of Hawaii at Manoa Requirements for Satisfactory Academic Progress Appeal**

Your eligibility to receive financial aid for the academic year has been suspended. This appeal form has been prepared to assist you, should you wish to file an appeal for the reinstatement of your financial aid.

**Please carefully read and follow the instructions listed below. Your application will not be accepted, nor will you be notified, if all steps are not complete.**

1. **SUBMIT THE APPEAL AS SOON AS POSSIBLE, BUT NO LATER THAN THE FOLLOWING DATES: Fall/Spring – October 16, 2009; Fall only – October 16, 2009; Spring only – March 5, 2010.** You should receive a response to your appeal in 2-4 weeks. If you do not receive a reply after this time, please contact the Financial Aid office.
2. **YOU ARE RESPONSIBLE FOR YOUR SCHOOL CHARGES. Payments must be received by the deadline to ensure your registration.** If your appeal is approved, and you are awarded financial aid, you will be reimbursed for your school cost.
3. **YOUR APPEAL MUST BE SPECIFIC.** You must demonstrate extenuating circumstances beyond your control which affected your progress; such as death in the family or illness of yourself or close family member. An acceptable appeal includes reason(s), dates, timeline, specific people (i.e. doctors, therapist, psychologist, etc.), places, and adjustments made to resolve this situation. **We CANNOT contact any medical staff, agency, or persons about your condition. (NOTE: Lack of resources to pay for college is NOT a reason for appeal.)**
4. **YOUR APPEAL MUST HAVE SUPPORTING DOCUMENTATION ON LETTERHEAD.**
5. If you are appealing a denial of aid due to maximum credits, please include a graduation plan signed by your academic adviser.
6. This appeal DOES NOT override general eligibility requirements for financial aid. That means if you are otherwise ineligible you will not be awarded aid.

**Do not submit your appeal until you have completed the following:**

- Completed Satisfactory Academic Progress Appeal Form (Signed and Dated)**
- Typed, detailed letter regarding situation**
- Attached supporting documentation**
- Graduation Plan, if necessary**
- Copies made for your own records**

**(OVER)**

## University of Hawaii at Manoa Satisfactory Academic Progress Appeal Form

Deadlines: Fall/Spring – October 16, 2009  
Fall only – October 16, 2009  
Spring only – March 5, 2010

- All documents must be legible.

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Student's Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

I have read and understand all requirements pertaining to this form. I have completed and included all necessary documentation for review. I certify that all information provided here is true and correct. Although all documentation has been correctly submitted, I understand that this appeal is subject to personal judgment and does not guarantee approval.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Official Use Only**

<input type="checkbox"/> Approved Semester: _____ <input type="checkbox"/> Denied
Comments: _____ _____ _____ _____ _____
Signature: _____ Date: _____