2016-2017 SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

Appealing your Ineligibility for Financial Aid

All financial aid recipients are expected to meet the UHWO Satisfactory Academic Progress Requirements to continue to receive aid. Failure to meet all requirements after the probationary period will result in the suspension of further receipt of financial aid.

You have the option of appealing your current status if you have been determined to be ineligible for financial aid for any of the following reasons:

1) Your cumulative GPA is below a 2.0;
2) You did not successfully complete at least 75% of all attempted courses (this would be inclusive of any approved concurrent enrollment);
3) You have attempted 140 or more credits which would be inclusive of any transfer credits.

The appeal process is as follows:

1) Complete the Satisfactory Academic Progress Appeal Form clearly explaining the circumstances that prohibited you from making satisfactory academic progress and what has since changed that you feel that you will be able to succeed during the term for which you would like to receive aid. Attach any applicable supporting documentation in support of your appeal request.
2) Meet with an academic advisor to determine a plan of action to meet the satisfactory academic progress requirements to receive financial aid. You must bring the following when meeting with an academic advisor:
   a) your letter/notice of financial aid ineligibility, b) your completed appeal, and c) supporting documents.
3) All completed appeals including any supporting documentation must be submitted to the Financial Aid Office, no later than 30 days before the end of the last day of instruction for the semester in which you wish to be considered for aid.

IMPORTANT

➢ If you had previously submitted an appeal in the preceding term which had been approved, but you had failed to meet the terms of your reinstatement; no further appeals will be considered by our office.
➢ Reinstatement of financial aid eligibility will be considered if you can demonstrate that you are able to meet the UHWO satisfactory academic progress (SAP) requirements for one semester without any financial aid. This means that you will need to pay for a semester at a minimum enrollment of half-time at UHWO (6-credits) out of your own pocket and insure that you successfully complete all attempted courses with a cumulative GPA of a 2.0 or better. When you have done so, you may submit an appeal to request reconsideration of your ineligible financial aid status at that time.

STUDENT ACKNOWLEDGMENT

Student’s Name: ____________________________    UH Number: ____________________________

(PRINT: Last Name First Name MI)

I am submitting this appeal to request reinstatement of my financial aid eligibility for the _____________________/___________.

Semester Year

I acknowledge that I understand why I have been considered ineligible for financial aid and would like to request that the Financial Aid Office consider my appeal for reinstatement. I have described on the next page, the circumstances which impacted my ability to meet the SAP requirements during my last enrollment period and identified the changes that will enable me to now meet all of the requirements.
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Clearly explain the circumstances that prohibited you from making academic progress during your last enrollment at UHWO. You must address the term or terms that were affected. Attach any supporting documents (e.g. doctor’s note, etc.). If additional space is needed, continue on the back or attach another page.

Please PRINT or TYPE.

* DEADLINE: 30 days prior to the last day of instruction for the semester which you wish to be considered for aid.*

- I did not meet satisfactory academic progress during my last enrollment period at the University of Hawai‘i – West O‘ahu and I am appealing this decision for the following reason(s):

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

- Why do you believe you are now able to meet satisfactory academic progress? [Explain what has since changed that will enable you to succeed.]

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

By submitting this appeal I am requesting that the UHWO Financial Aid Office reconsider my ineligible status based on the circumstance(s) stated above and the supporting documentation provided. I understand that submittal of this appeal does not guarantee reinstatement of my financial aid and acknowledge that the decision regarding this appeal is final. Furthermore, with my signature, I am certifying that this statement is true.

Student’s Signature ______________________________ Date __________

I have met with the student and have discussed what needs to be done to ensure that Satisfactory Academic Progress is maintained for future terms.

Advisor’s Signature ______________________________ Date __________