



HONOLULU COMMUNITY COLLEGE - FINANCIAL AID OFFICE
874 Dillingham Boulevard - Honolulu HI 96817

SATISFACTORY ACADEMIC PROGRESS APPEAL

Print Student's Last name, First MI Social Security Number

Major _____

Please review my financial aid eligibility. I was unable to meet the requirements for satisfactory progress because:

(use back for additional space)

I am planning to make the following changes in order to meet the requirements of satisfactory academic progress:

I have met with my HCC counselor to review my academic program and progress.

Student's Signature

Date

HCC Counselor's Signature

Date

FOR FINANCIAL AID USE ONLY: _____Approved _____Not approved

Financial Aid Administrator

Date