



UNIVERSITY of HAWAI'I WEST O'AHU

SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

Student's Name: (PRINT: Last Name First Name MI)

UH Number:

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.

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):

Multiple horizontal lines for writing reasons for appeal.

Why do you believe you are now able to meet satisfactory academic progress? [Explain what is different now that will enable you to succeed.]

Multiple horizontal lines for writing reasons for appeal.

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 and not falsified. Student's Signature Date