



**ADDITIONAL DOCUMENTATION**

Please indicate below if any additional documentation is being submitted with your appeal.

- I am not submitting any documentation in addition to my appeal.
- I am submitting the following supporting documentaion with my appeal:
  - Medical Documentation
  - Academic Plan (for students appealing the loss of eligibility due to exhaustion of attempted credit hours)
  - Other: \_\_\_\_\_

**IMPORTANT NOTES**

- The results of your appeal will be sent to you via email to your 'hawaii.edu' address. Please allow an average of 2-4 weeks to receive a response.
- You may view your updated SAP status through MyUH Services. Click on 'View My Financial Aid Information', then under 'My Eligibility' click on 'Academic Progress'. Select the appropriate Aid Year and you should be able to see your most current eligibility status.

**STUDENT CERTIFICATION**

I would like to have my financial aid eligibility reinstated. By signing below, I understand the following about the results of my appeal:

If my appeal is **APPROVED**

- my financial aid eligibility will be reinstated on a probationary status for a specified term.
- future aid beyond the approved probationary term is conditional and will be based upon my academic performance for the specified term.

If my appeal is **DENIED**

- I will be responsible to pay any current and/or future institutional charges (e.g. tuition, fees, dorm, meal plan, etc.) on my UH student account.
- if I am currently registered for classes, I will be responsible for disenrolling myself to prevent any negative impact to my current academic or account status.

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

**\*\*FOR FINANCIAL AID OFFICE USE ONLY\*\***

**Current SAP Status**

Institution GPA:  Total Attempted Cr:   
 Completion Rate/Pace:   
 (Earned \_\_\_\_\_ / Attempted \_\_\_\_\_)

**APPEAL DECISION**

**APPROVED**    AAGPA    AAPACE    AABOTH    AAMAX    AAALL    AACOND  
 For Term:     Fall     Spring     Summer    Year: \_\_\_\_\_  
 Condition (for AACOND): \_\_\_\_\_  
 MAX term (for AAMAX/AAALL): \_\_\_\_\_

**DENIED**  
 Comments: \_\_\_\_\_

Appeal Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Updated ROASTAT: \_\_\_\_\_ Date: \_\_\_\_\_    Email Notice Sent: \_\_\_\_\_ Date: \_\_\_\_\_