





UNIVERSITY  
of HAWAII®

HILO

# APPEAL FOR SPECIAL CIRCUMSTANCES

Office of the Registrar / 200 West Kawili St. Hilo, HI 96720-4091 / Student Services Center, First Floor Rm E-101 / Phone: (808) 932-7447 / Fax: (808) 932-7448 / E-mail: [uhhro@hawaii.edu](mailto:uhhro@hawaii.edu)

### Student Information:

Print name (Last, First, MI) \_\_\_\_\_ Student ID number \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Term:  Fall  Spring  Summer Year: \_\_\_\_\_

Last date of attendance: \_\_\_\_\_ OR  Did not attend any class sessions  
Specify exact date

### List Supporting Documents (doctor's note must include specific dates of treatment):

\_\_\_\_\_  
\_\_\_\_\_

### Tuition Appeal Justification (attach additional sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I hereby certify that all the information I have submitted is accurate to the best of my knowledge and I have read all the information provided regarding the appeal process.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Registrar's use only

Decision: A D  Email Student Results Initials: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SFAREGS  TGACOMC  Email Cashier's  Email FAO (A0, A1, & A2) Initials: \_\_\_\_\_ Date: \_\_\_\_\_