2018 SUMMER SEMESTER SATISFACTORY ACADEMIC PROGRESS (SAP) UNDERGRADUATE APPEAL FOR REINSTATEMENT OF FINANCIAL AID

STUDENT NAME ___________________________________________ NU ID ___________________________

Cell Phone: (____) ___________________________

Please do not submit an incomplete appeal. Incomplete appeals or appeals without documentation may be automatically denied.

Please note: SAP Appeals accepted later than 2 weeks prior to the end of the semester in which you are seeking reinstatement of your financial aid may be processed for the next semester in which you enroll.

I am not meeting the minimum Satisfactory Academic Progress (SAP) Policy Guidelines and wish to appeal for reinstatement of my financial aid eligibility. I understand that I am required to submit the appeal form and all required appeal documents. (For SAP Policy Guidelines see: http://financialaid.unl.edu/sap.shtml)

Check all boxes that apply:

☐ Minimum GPA not met: Not meeting the minimum 2.000 UNL Cumulative GPA after four semesters.

☐ Completion Rate Not Met: Did not earn at least 67% of the attempted UNL credit hours.

☐ Maximum Attempted Hours: Exceeded or will exceed the 150% maximum time frame* to complete a first undergraduate degree. (*180 credit hours)

Student agreement:

Please read, check each box, and sign agreement. Attach your appeal letter and supporting documentation to this appeal form. Enter your NU ID on all attached forms. Please do not submit an incomplete appeal. Incomplete appeals or appeals without documentation may be automatically denied.

☐ I understand that, if a decision about my appeal has not been made by the billing date, I must make payment arrangements with Student Accounts. This includes summer semester. I understand that my appeal could be denied.

☐ I reviewed examples of extenuating circumstances and the types of corresponding documentation on page 3 and collected copies of supporting documentation for my appeal.

☐ I have attached a typed and signed appeal letter to this appeal form. The appeal letter explains my extenuating circumstance in detail, outlines why I did not meet the minimum Satisfactory Academic Progress (SAP) Policy Guidelines and includes steps I will take to change my study habits and the circumstances in my life.

☐ I have met with an academic advisor and depending on my extenuating circumstances: career service staff, academic recovery coach, professional health care provider or other licensed professional, and showed them my appeal letter. If applicable, I requested that they complete the Student Services Professional/Healthcare Provider/Licensed Professional Form on page 4.
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(Continued)

☐ I have reviewed and initialed the Degree Plan (page 5) *developed with my academic advisor*, which includes the semesters
I will attend and the courses in which I will enroll that will be sufficient for me to meet SAP Policy Guidelines for earning a
2.000 cumulative GPA, and/or completing at least a minimum of 67% of UNL credit hours attempted and/or graduating
under the maximum timeframe of 180 credit hours.

☐ I am aware that the OSFA may follow up with academic advisors or other third party support personnel mentioned in my
appeal and that OSFA has access to university records (such as MyPLAN notes).

☐ I have reviewed the Satisfactory Academic Progress policy guidelines at [http://financialaid.unl.edu/sap.shtml](http://financialaid.unl.edu/sap.shtml).

☐ If my appeal is approved, I understand that I must meet the conditions stipulated by the Office of Scholarships and
Financial Aid in order to continue receiving financial aid. I understand that I must meet the following criteria:

1. Successfully complete all the courses in which I enroll (following the submitted Degree Plan) with no
failures, withdrawals or incompletes.
2. Maintain a semester GPA of a 2.000 or higher.
3. Successfully complete my degree by following the Degree Plan and timeframe provided in the appeal (if
appealing the 150% maximum timeframe guideline).
4. Follow all stipulations within the appeal approval letter.

STUDENT SIGNATURE ____________________________________________ DATE ______________
(Electronic signatures are not accepted.)

The University of Nebraska does not discriminate based on race, color, ethnicity, national origin, sex, pregnancy, sexual orientation,
gender identity, religion, disability, age, genetic information, veteran status, marital status, and/or political affiliation in its
programs, activities, or employment. UNL is dedicated to the prevention of sexual discrimination, sexual harassment and sexual
misconduct, and providing a safe campus for its employees and students. Responsible Employees (RE) are individuals working at UNL
who have an obligation to inform the Title IX Coordinator of allegations of such instances. Visit [http://www.unl.edu/equity/title-ix](http://www.unl.edu/equity/title-ix) for
more information.
### SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL

Examples of Extenuating Circumstances

<table>
<thead>
<tr>
<th>Extenuating Circumstance</th>
<th>Recommended Documentation</th>
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<tr>
<td>Extenuating Circumstance should have occurred within the semester that caused the student to fail SAP</td>
<td>Submit at least one type of documentation</td>
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<td><strong>Work Related:</strong> Working full-time before semester began and required overtime, required schedule change.</td>
<td>• Letter from employer including effective date(s) and whether the increase in hours was mandatory</td>
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<td><strong>Medical Condition:</strong> Serious illness, dental emergency, change in health status, surgery, hospitalization or mental health issue</td>
<td>• Letter from health care provider/or other licensed professional with advised period of recovery, dates of office visits, and completed “Student Services Professional/Healthcare Provider/Licensed Professional Form” (page 5 of the SAP Appeal Form)</td>
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| **Student’s Immediate Family:** Child or parent medical condition (if parent, student needs to provide documentation that he/she was required to care for parent). | • Records from daycare/school that child was required to be kept home  
• Records from doctor visits  
• Letter stating doctor advised period of recovery  
• Hospitalization records |
| **Unexpected Daycare Closure**                                                        | • Letter from daycare provider                                                            |
| **Death of Family Member or Friend**                                                  | • Obituary or death certificate  
• Letter from counselor  
Documentation should include date and indicate relationship to the deceased. |
| **Housing Issues**                                                                   | • Letter from Resident Director  
• Eviction notice  
• Letter from transitional housing program                                           |
| **Family Issues**                                                                    | • Letter from therapist or other licensed professional                                    |
| **Assault or Domestic Violence**                                                      | • Police Report  
• Court Documentation  
• Letter from clergy, social worker, licensed professional or doctor |

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SATISFACTORY ACADEMIC PROGRESS UNDERGRADUATE APPEAL FOR REINSTATEMENT OF FINANCIAL AID

Student Services Professional/Healthcare Provider/Licensed Professional Form

Complete only if you will provide support documentation from one of the above mentioned professionals.

<table>
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<th>Student Name:</th>
<th>NU ID:</th>
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(Please Print)

Student’s major: Anticipated graduation date:

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Please complete the appropriate box below, sign and date form before submitting to your support professional:

I ____________________ give my permission to my health care provider/licensed professional to complete this form on my behalf.

(Please Print Student’s Name)

Please specify my readiness to return to school and successfully progress towards earning my degree.

I ____________________ give my permission to my student services professional to complete this form on my behalf.

(Please Print Student’s Name)

Please specify my history of utilizing your services, the ways in which your services have impacted me and the ways in which I may continue to utilize their services in the future.

Student’s signature: Date:

Instructions for Student Services Professional/Healthcare Provider/Licensed Professional:

This student failed to meet at least one federal Satisfactory Academic Progress (SAP) rule for financial aid eligibility and he/she is appealing for reinstatement of financial aid.

On company letter head, please state your general recommendation for this student’s return to UNL and his/her ability to progress towards the completion of desired degree by the graduation date listed above. Include recommendations discussed with student (such as: continued health care maintenance; personal counseling; tutoring; study & college skills workshops; course load; or career counseling).

If necessary, may the Office of Scholarships and Financial Aid contact you about your evaluation of this student? Yes or No

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<th>Student Services Professional/Healthcare Provider/Licensed Professional:</th>
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<td>(Please Print Name and Title)</td>
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Email: Phone:

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SATISFACTORY ACADEMIC PROGRESS UNDERGRADUATE APPEAL FOR REINSTATEMENT OF FINANCIAL AID

UNDERGRADUATE DEGREE PLAN

Academic Timeline for Meeting Minimum SAP Policy Guidelines

Student Name: ___________________________ NU ID#: ___________________________ Current Semester: __________

To be completed by the student’s academic advisor:

Please see page 6 for instructions

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<tr>
<th>Semester/Year:</th>
<th>Course List:</th>
<th># of credit hours</th>
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TOTAL

If current cumulative GPA is below a 2.000, please indicate the one semester GPA needed to reach a cumulative 2.000 GPA: __________

If student is not meeting the required minimum GPA for major/degree program, can the student, as outlined above, reasonably progress in this major and graduate by the date above? Yes or No.

__________ in ______________ will require an additional _______ credit hours to graduate ______________

(Degree) (Major) (Credits Remaining) (Expected Graduation Date)

Total number of transfer credits to be included in the degree program (apply directly to major or as graduation requirements): __________

I have reviewed the degree plan with my academic advisor and agree to this plan and the courses therein. _______ (Student Initials)

Academic Advisor Name: ___________________________ Academic Advisor Signature: ___________________________

(Please Print)
Degree Plan Instructions for Academic Advisor

1. Please complete the degree plan on page 5 for this student’s next four semesters (or less, if the student will graduate sooner). The degree plan should not only provide the student with a semester by semester course listing, but should provide a plan for the student’s academic recovery. An example would be listing 12 credit hours or less per semester to ensure the student’s academic success, if taking an increased academic load (more than 12 credit hours) would put them at risk. The SAP Committee is not necessarily looking to see how fast a student can complete their degree, but is more interested in learning that the student has the potential to be academically successful.

2. Please include the target GPA that the student would need to raise their cumulative GPA to a minimum 2.000 or the minimum required GPA for the major within one semester (if it is not possible to do in one semester, please indicate this).

3. If student is not meeting the required minimum GPA for major/degree program, please indicate whether the student can reasonably progress in the chosen major and graduate by the date listed?

4. If the student has transfer credit hours, please include the total number that will be used to complete the major/degree.

5. Please report the total number of credit hours needed to complete the degree (should include the credit hours listed on the four semester degree plan as well as any remaining credit hours that will be required in subsequent semesters).

6. Please include a projected graduation date.

7. Please direct students, who are undeclared and who have attempted 80 credit hours or more from all institutions attended, to an academic advisor for their intended major to ensure that the degree can be completed within 150% of the degree credit hours (180 credit hours).

The Satisfactory Academic Progress for Financial Aid Recipients Policy for Undergraduate Students

To receive financial aid, students must be making satisfactory academic progress towards completing an undergraduate degree. Maintaining Satisfactory Academic Progress (SAP) at the University of Nebraska-Lincoln (UNL) requires:

1. Successful completion 2 of 67% of UNL attempted credit hours. This SAP policy requirement is known as the Minimum Pace Requirement (Pace) and is calculated as follows:

   Completed (earned) UNL credit hours (with grades of A through D or P (Pass)) divided by all attempted UNL credit hours (completed credit hours plus credit hours with grades of F, N (No Pass), W (Withdrawal), or I (Incomplete). Example: 16 credit hours earned ÷ 24 credit hours attempted = 67%

2. Maintain a 2.000 cumulative GPA or higher, if you have enrolled in at least 4 or more semesters (summer counts as a semester) at UNL. This SAP policy requirement is known as the Minimum GPA Requirement.

3. Complete your degree prior to reaching the maximum credit hour limit of 180 attempted credit hours from all institutions attended (includes earned transfer credit hours plus the credit hours attempted at UNL). This SAP policy requirement is known as the Maximum Timeframe Requirement. Please note that all students, even those who did not take advantage of financial aid during some or all of their attempted credit hours, are affected by the maximum credit hour limit at any time should they wish to become eligible for financial aid.

Satisfactory progress is measured once annually at the end of each spring semester and the minimum cumulative GPA will be measured at the end of a student’s fourth semester at UNL, as well. Students who have not completed at least 67% of their attempted credit hours with satisfactory grades, maintained the minimum GPA requirement and/or who have attempted more than the maximum timeframe allowed will not receive financial aid. In addition, students who are academically dismissed from the University, are ineligible to receive financial aid. These students must be readmitted to the University and be meeting all SAP policy requirements should they wish to receive financial aid.

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1 Financial Aid Programs include, but are not limited to, all federal grants, loans and work-study, state grants, and most University of Nebraska need-based grants and scholarships. Check with the Office of Scholarships and Financial Aid if you have questions about specific sources of funding.

2 Satisfactory grades are defined as the sum of all UNL credit hours completed with a grade of A through D or Pass (P).

Office of Scholarships & Financial Aid
12 Canfield Administration Building
P.O. Box 880411
Lincoln NE 68588-0411

Phone: (402) 472-2030 or 1-800-742-8800, ext. 2030
Fax: (402) 472-9826
Email: financialaid@unl.edu