2018-2019 SCHOLARSHIP APPEAL FORM – NOW MEETING RENEWAL

STUDENT NAME ____________________________________________ NU ID __________________________

Students who do not meet established scholarship renewal criteria have the opportunity to appeal on the basis of relevant, significant, and documentable extenuating circumstances for which they could not plan, influence, or prevent. In addition, students requesting a leave of absence (e.g., military obligation, religious mission service, internship, medical complication, etc.) must also appeal for consideration.

Submit this form, along with the items listed below, to the Office of Scholarships and Financial Aid per the term deadlines listed below:

Fall: September 1, 2018
Spring: January 19, 2019

Please list the Scholarship Program(s) administered by the Office of Scholarships and Financial Aid and/or the Office of Undergraduate Admissions to which you are appealing and check the box of the appeal situation that applies to you.

Scholarship Program(s) ____________________________________________

I am now meeting renewal criteria (after one academic year of probation – fall/spring) and appealing for reinstatement of eligibility for the following term(s): ☐ Fall 2018 ☐ Spring 2019

Submit this form with:

1. A Typed Narrative, written by the student that includes the following:
   a. Outline specific steps you are taking to maintain your current academic profile
2. A copy of your Unofficial Transcript. This can be obtained in your MyRED account under: Academics > Unofficial Transcript > add UNL to academic institution > add Unofficial Transcript to Report type, then click view report.

Important Notes:

- Appeals are only reviewed for scholarship selections made by the Office of Scholarships and Financial Aid and/or the Office of Undergraduate Admissions.
- Please allow the Scholarship Appeal Committee 2 – 3 weeks to review and consider your appeal after all necessary supporting documentation has been received.
- This appeal form must be signed by the student.
- The appeal narrative must be written by the student.
- Students now meeting renewal criteria, must have completed one full academic year without their scholarship to be reconsidered through appeal.
- Students enrolled in Co-Op courses do not need to request a leave of absence if working in coordination with the College of Engineering Career Development & Academic Advising Coordinator.
- Scholarship Appeal decisions are final and not subject to further review.

I acknowledge the terms and conditions of appealing for scholarship reinstatement and the information I have provided is true and accurate to the best of my knowledge.

STUDENT SIGNATURE ____________________________________________ DATE __________________________

(Electronic signatures are not accepted)

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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
2018-2019 SCHOLARSHIP APPEAL FORM – NOW MEETING RENEWAL

ACADEMIC ADVISING FORM
To be completed with an Academic/Faculty Adviser

STUDENT NAME ___________________________NU ID ___________________________

INTENDED MAJOR ___________________________TODAY’S DATE __________________

ANTICIPATED DEGREE COMPLETION DATE __________________CREDITS REMAINING IN PROGRAM __________________

Please provide your Two – Semester Academic Plan

<table>
<thead>
<tr>
<th>SUMMER 2018</th>
<th></th>
<th>FALL 2018</th>
<th></th>
<th>SPRING 2019</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>COURSE LIST</td>
<td>CREDITS</td>
<td>COURSE LIST</td>
<td>CREDITS</td>
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<td>TOTAL CREDITS</td>
<td>TOTAL CREDITS</td>
<td>TOTAL CREDITS</td>
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</tbody>
</table>

Place an asterisk (*) next to repeated coursework or two (**) if the student was already enrolled prior to advising appointment.

The student was advised to access the following resources or strategies to improve his/her academic record:

- [ ] Success Workshop(s)
- [ ] Reduced Course Load
- [ ] Change of Major
- [ ] The Study Stop
- [ ] Reduced Work Hours
- [ ] Back Up Plan
- [ ] Probation Recovery Program
- [ ] Repeat Courses
- [ ] Referral (e.g., housing/transportation services/social services)
- [ ] CAPS Services
- [ ] Remedial Coursework

High Risk: We discussed the plan above, which I believe is high risk, and I have advised the student to follow a more realistic plan.

Any additional notes to student or other items discussed (please provide on separate sheet including student’s name and NUID)

The courses listed above are required for your degree program at UNL. We discussed your specific needs, including a realistic plan to be academically successful, and what you need to accomplish to meet the renewal criteria for your scholarship in the future.

ACADEMIC ADVISOR NAME (PRINT) ___________________________ SIGNATURE ___________________________ DATE ___________________________

I understand that a realistic academic plan is important for me to meet the renewal criteria for my scholarship. I understand that failure to follow this plan or failure to meet probationary standards will result in the loss of my scholarship in the future.

STUDENT SIGNATURE ___________________________ DATE ___________________________

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### Extenuating Circumstances and Documentation

<table>
<thead>
<tr>
<th>Extenuating Circumstance</th>
<th>Recommended Documentation – Submit at least one type of documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Condition</td>
<td>- Letter from health care provider/or other licensed professional with advised period of recovery, dates of office visits.</td>
</tr>
<tr>
<td>Serious illness, dental emergency, change in health status, surgery, hospitalization or</td>
<td>- Medical Records</td>
</tr>
<tr>
<td>mental health issue</td>
<td></td>
</tr>
<tr>
<td>Student’s Immediate Family:</td>
<td>- Records from daycare/school that child was required to be kept home</td>
</tr>
<tr>
<td>Child or parent medical condition (if parent, student needs to provide documentation</td>
<td>- Records from doctor visits</td>
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<tr>
<td>that he/she was required to care for parent).</td>
<td>- Letter stating doctor advised period of recovery</td>
</tr>
<tr>
<td></td>
<td>- Hospitalization records</td>
</tr>
<tr>
<td>Death of Family Member or Friend</td>
<td>- Obituary or death certificate</td>
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<tr>
<td></td>
<td>- Letter from counselor</td>
</tr>
<tr>
<td></td>
<td><em>(Documentation should include date and indicate relationship to the deceased.)</em></td>
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<tr>
<td>Housing Issues</td>
<td>- Letter from Resident Director</td>
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<tr>
<td></td>
<td>- Eviction notice</td>
</tr>
<tr>
<td></td>
<td>- Letter from transitional housing program</td>
</tr>
<tr>
<td>Family Issues</td>
<td>- Letter from therapist or other licensed professional</td>
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<tr>
<td>Assault or Domestic Violence</td>
<td>- Police Report</td>
</tr>
<tr>
<td></td>
<td>- Court Documentation</td>
</tr>
<tr>
<td></td>
<td>- Letter from clergy, social worker, licensed professional or doctor</td>
</tr>
<tr>
<td>Motor Vehicle Accident</td>
<td>- Police Report</td>
</tr>
<tr>
<td></td>
<td>- Court Documentation</td>
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<td></td>
<td>- Medical Records</td>
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