OFFICE OF SCHOLARSHIPS AND FINANCIAL AID

2018-2019 SCHOLARSHIP APPEAL FORM – REINSTATEMENT OF ELIGIBILITY

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 appealing for reinstatement of eligibility for the following term(s):

☐ Summer 2018    ☐ Fall 2018    ☐ Spring 2019

Submit this form with:

1. A Typed Narrative, written by the student that includes the following:
   a. Outline specific circumstances that have caused you to become ineligible for scholarship renewal.
      i. Discuss circumstances throughout your academic career for which you could not plan, influence, or prevent. Do not limit your narrative to events in the most recent semesters. It is suggested that you review your academic record and explain the reasons for any failing grades, withdrawals, and incompletes.
      ii. Provide relevant documentation whenever possible (e.g., a letter of prognosis from a physician, counselor, licensed professional, etc.).
      iii. Outline specific steps you are now taking to address these circumstances.

2. Your Two-Semester Academic Plan on official letterhead or departmental advising form (see page 3)

3. 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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### 2018-2019 Scholarship Appeal Form – Reinstatement of Eligibility

**Academic Advising Form**

To be completed with an Academic/Faculty Adviser

<table>
<thead>
<tr>
<th>Subject</th>
<th>Summer 2018</th>
<th>Fall 2018</th>
<th>Spring 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course List</td>
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<tr>
<td>Credits</td>
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<td><strong>Total Credits</strong></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
- [ ] CAPS Services
- [ ] Remedial Coursework
- [ ] Referral (e.g., housing/transportation services/social services)

**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.

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**Academic Advisor Name (Print) [Signature (Electronic signatures are not accepted)] [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 (Electronic signatures are not accepted) [Date]**

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
# 2018-2019 Scholarship Appeal Form – Reinstatement of Eligibility

**Extenuating Circumstances and Documentation**

<table>
<thead>
<tr>
<th><strong>Extenuating Circumstance</strong></th>
<th><strong>Recommended Documentation – Submit at least one type of documentation</strong></th>
</tr>
</thead>
</table>
| Medical Condition            | - Letter from health care provider/or other licensed professional with advised period of recovery, dates of office visits.  
                                | - Medical Records                                                        |
| Student’s Immediate Family:  | - 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                                               |
| 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     |
| Motor Vehicle Accident       | - Police Report                                                          
                                | - Court Documentation                                                    
                                | - Medical Records                                                        |

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