2019-2020 SATISFACTORY ACADEMIC PROGRESS (SAP) GRADUATE APPEAL FOR REINSTATEMENT OF FINANCIAL AID

STOP! Please do not submit an incomplete appeal. Incomplete appeals or appeals without documentation may be automatically denied. SAP Appeals submitted within two weeks of 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 (December 6, 2019 deadline for fall appeal submission and April 24, 2020 deadline for spring appeal submission).

STUDENT NAME ___________________________ NU ID ___________________________

Cell Phone: (____) _______________________

I am applying for a reinstatement of financial aid eligibility for the following semester (Please check the applicable semester-one semester only):

☐ 2019 Fall Semester: ☐ 2020 Spring Semester:

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: https://financialaid.unl.edu/sap.shtml)

Check all boxes that apply:

☐ 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 (180 credit hours) to complete a first undergraduate degree.

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. I understand that my appeal could be denied.

☐ I have 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 in order to realize academic success beginning with the semester for which I am seeking financial aid reinstatement.
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Student Agreement: (Continued)

☐ I have met with an academic advisor/ major professor and depending on my extenuating circumstances: career service staff, 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.

☐ I have reviewed and initialed the Degree Plan (page 5) developed with my academic advisor/major professor, 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 completing at least a minimum of 67% of UNL credit hours attempted and/or graduating under the maximum timeframe of 72 (Master’s program), 138 (Law) or 140 (Doctoral program) credit hours.

☐ I am aware that the OSFA may follow up with academic advisor/major professor or other third party support personnel mentioned in my appeal and that OSFA has access to university records.

☐ I have reviewed the Satisfactory Academic Progress policy guidelines at https://financialaid.unl.edu/sap.shtml and on page 6.

☐ 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 (except if they are dissertation hours as required by my degree program).
2. Successfully complete my degree by following the Degree Plan and timeframe provided in the appeal (if appealing the maximum timeframe guideline).
3. Follow all stipulations within the appeal approval letter.

STUDENT SIGNATURE _______________________________ DATE _____________________

(Electronic signatures are not accepted. Typed signatures will not be 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 for more information.
### Extenuating Circumstances

<table>
<thead>
<tr>
<th>Extenuating Circumstance</th>
<th>Recommended Documentation</th>
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<tbody>
<tr>
<td>Work Related: Working full-time before semester began and required overtime, required</td>
<td>Letter from employer including effective date(s) and whether the increase in hours was</td>
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<td>required schedule change.</td>
<td>mandatory</td>
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<td>Medical Condition: Serious illness, dental emergency, change in health status, surgery,</td>
<td>Letter from health care provider/or other licensed professional with advised period of</td>
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<td>hospitalization or mental health issue</td>
<td>recovery, dates of office visits, and completed “Student Services Professional/Healthcare</td>
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<td>Provider/Licensed Professional Form” (page 4 of the SAP Appeal Form)</td>
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<tr>
<td>Student’s Immediate Family: Child or parent medical condition (if parent, student needs</td>
<td>• Records from daycare/school that child was required to be kept home</td>
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<td>to provide documentation that he/she was required to care for parent).</td>
<td>• Records from doctor visits</td>
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<td></td>
<td>• Letter stating doctor advised period of recovery</td>
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<td></td>
<td>• Hospitalization records</td>
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<tr>
<td>Unexpected Daycare Closure</td>
<td>• Letter from daycare provider</td>
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<tr>
<td>Death of Family Member or Close Friend</td>
<td>• Obituary or death certificate</td>
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<td></td>
<td>• Letter from counselor</td>
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<td>Documentation should include date and indicate relationship to the deceased.</td>
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<tr>
<td>Housing Issues</td>
<td>• Letter from Resident Director</td>
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<td>• Eviction notice</td>
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<td>• Letter from transitional housing program</td>
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<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>
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<td>• Court Documentation</td>
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<td></td>
<td>• Letter from clergy, social worker, licensed professional or doctor</td>
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</tbody>
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Student Services Professional/Healthcare Provider/Licensed Professional Form

STOP! Complete only if you will provide support documentation from one of the above mentioned professionals. Please have this person complete the appropriate section below.

Student Name: ___________________________ NU ID: ___________________________

(Please Print)

Student’s major: ___________________________ Anticipated graduation date: ______________

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 specify my readiness to return to school and successfully progress towards earning my degree. My signature is below.

☐ I give my permission to my student services professional to complete this form on my behalf. 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. My signature is below.

Student’s signature: ___________________________ Date: ___________________________

______________________________________________________________________________

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

Name and title: ___________________________ Phone/email: ___________________________

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 letterhead, please state your general recommendation for this student’s return to UNL and their 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 / No

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Office of Scholarships & Financial Aid
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
Most documents can be scanned and uploaded into MyRED (Financial Aid tab)
2019-2020 SATISFACTORY ACADEMIC PROGRESS (SAP) GRADUATE APPEAL FOR REINSTATEMENT OF FINANCIAL AID

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/ major professor:
Please see instructions for completing the Degree Plan on page 6

<table>
<thead>
<tr>
<th>Current Semester/Year:</th>
<th># of credit hours</th>
<th>Semester/Year:</th>
<th># of credit hours</th>
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<tr>
<td>Course List:</td>
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TOTAL

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<tr>
<th>Semester/Year:</th>
<th># of credit hours</th>
<th>Semester/Year:</th>
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</table>

TOTAL

The Degree in ____________________________ will require an additional ________________ credit hours to graduate.

(Total Remaining Credits Hours - Do not include credit hours listed in degree plan)

Expected Graduation Date _____________ Published length of graduate program: ____________

(Total Credits Hours)

Total number of former graduate degree credits or prerequisite credits to be included in current degree program: ________

I have reviewed the degree plan with my academic advisor and agree to this plan and the courses therein. ____________

(Student Initials)

Academic Advisor/Major Professor:

Name: ____________________________ Signature: ____________________________

Office of Scholarships & Financial Aid
Phone: (402) 472-2030 or 1-800-742-8800, ext. 2030
P.O. Box 880411
Lincoln NE 68588-0411
Email: financialaid@unl.edu

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Degree Plan Instructions for Academic Advisor/ Major Professor

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 when an incomplete course (other than dissertation hours) would be completed.

2. Please report the remaining number of credit hours needed to complete the degree (in addition to the credit hours listed on the four semester degree plan).

3. Please include a projected graduation date.

4. Please indicate the published length of the degree program in total credit hours. (Please see Maximum Timeframe in the SAP for Financial Aid Recipients Policy below).

5. Please indicate if there are former graduate degree program or prerequisite credit hours that will be included in the student’s current degree program.

6. If student’s incomplete dissertation hours are the reason that the student is not meeting the earned to attempted credit hour requirement (Pace), please attach a letter which indicates student is progressing satisfactorily towards completing the degree program and please note the expected graduation date.

Satisfactory Academic Progress (SAP) for Financial Aid Recipients Policy Guidelines

Law and Graduate/Professional Students

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

1. Successful completion 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. Complete your degree prior to reaching the maximum attempted credit hour limit of 72 (Master’s program), 138 (Law) and 140 (Doctoral program, which includes credit hours from Master’s degree). Attempted credit hours include all credit hours attempted at UNL as well as from all institutions attended (earned transfer credit hours). 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 aid² 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 aid².

Satisfactory progress is measured once annually at the end of each spring semester. Students who have not completed at least 67% of their attempted credit hours with satisfactory grades 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.

¹ Financial Aid Programs include, but are not limited to, all federal grants, loans, and work-study grants, 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).