2019-2020 SATISFACTORY ACADEMIC PROGRESS (SAP) UNDERGRADUATE 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:

☐ 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 (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.

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)
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Student Agreement: (Continued)

☐ 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.

☐ I have reviewed and initialed the Degree Plan (on page 5) that was created with my academic advisor (Please provide your academic advisor with the instructions for completing the degree plan on page 6), 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 https://financialaid.unl.edu/sap.shtml and on page 7.

☐ 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 email which will be known as my Academic Plan.

STUDENT SIGNATURE ___________________________ DATE ___________________________

(Electronic signatures are not accepted. Typed signatures will not be accepted.)

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Examples of Extenuating Circumstances

<table>
<thead>
<tr>
<th>Extenuating Circumstance</th>
<th>Recommended Documentation</th>
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<tbody>
<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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<tr>
<td><strong>Work Related:</strong></td>
<td>Letter from employer including effective date(s) and whether the increase in hours was mandatory</td>
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<td>Working full-time before semester began and required overtime, required schedule change.</td>
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<td><strong>Medical Condition:</strong></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 4 of the SAP Appeal Form)</td>
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<td>Serious illness, dental emergency, change in health status, surgery, hospitalization or mental health issue</td>
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<td><strong>Student’s Immediate Family:</strong></td>
<td>• Records from daycare/school that child was required to be kept home</td>
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<tr>
<td>Child or parent medical condition (if parent, student needs to provide documentation that he/she was required to care for parent).</td>
<td>• Records from doctor visits</td>
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<td>• Letter stating doctor advised period of recovery</td>
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<td>• Hospitalization records</td>
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<tr>
<td><strong>Unexpected Daycare Closure</strong></td>
<td>• Letter from daycare provider</td>
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<tr>
<td><strong>Death of Family Member or Close Friend</strong></td>
<td>• Obituary or death certificate</td>
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<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><strong>Housing Issues</strong></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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<td><strong>Family Issues</strong></td>
<td>Letter from therapist or other licensed professional</td>
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<td><strong>Assault or Domestic Violence</strong></td>
<td>• Police Report</td>
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<td>• Court Documentation</td>
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<td>• Letter from clergy, social worker, licensed professional or doctor</td>
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Office of Scholarships & Financial Aid
P.O. Box 880411
Lincoln NE 68588-0411
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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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UNDERGRADUATE DEGREE PLAN: Academic Timeline for Meeting Minimum SAP Policy Guidelines

To be completed by the student’s academic advisor: Please see page 6 for instructions.

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

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

<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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<td>Course List:</td>
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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 without exceeding 180 attempted credit hours (includes transfer and UNL credit hours) Yes or No.

The __________ in __________ will require an additional __________ credit hours to graduate __________ (Expected Graduation Date)

(Do not include credits hours listed on degree plan)

Total number transfer credits as well as any UNL credits (from prior major) to be counted towards this degree program (apply directly to major or as graduation requirements): __________

Academic Advisor Name: ____________________________ Academic Advisor Signature: ____________________________

(Please Print)

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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, as well as UNL credit hours (from a former major/degree program) that
   will apply towards the current major/degree program, please include the total number of these credit hours that
   will be used to complete the major/degree program where indicated on the degree plan.

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

   Please note that the total number of credit hours listed on the 4-semester degree plan, plus the remaining
   credit hours, plus the transfer credit hours/UNL credit hours from former major, should not total more than
   180 credit hours. Please see Maximum Timeframe Requirement of SAP for Financial Aid Recipients Policy page 7.

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).
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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 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.

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).