

2017-2018 SCHOLARSHIP APPEAL FORM – CURRENT STUDENTS

STUDENT NAME _____

NU ID _____

E-MAIL ADDRESS _____

CELL PHONE _____

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, 2017

Spring: January 19, 2018

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) _____

Current Cumulative GPA _____

Total Completed Hours from Academic Year 2016-2017 _____

I am appealing for **reinstatement of eligibility** for the following term(s): Summer 2017 Fall 2017 Spring 2018

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.**

I am appealing for **a leave of absence for the following situation and** for the following term(s): Fall 2017 Spring 2018

Military or Religious Service Obligation Medical Internship Opportunity Other

Submit this form with:

1. **A Typed Narrative, written by the student that includes the following:**

- a. Outline specific military or religious service obligation, internship opportunity or medical complication which will preclude you from being able to maintain continuous enrollment.
 - i. Provide official documentation outlining the duration of the break of enrollment and confirmation of the term you will be able to return as a full-time student.
 - ii. If the break is due to a medical complication, provide a letter of prognosis from a physician, counselor, or licensed professional along with confirmation of when you would be medically authorized to return as a full-time student.
 - iii. If an internship, identify how participation in this program enhances your learning and/or career objectives.

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

4. **If Internship, a Letter of Support from your Academic Department on official Letterhead or by email directly from the department.**

Continue to next page

2017-2018 SCHOLARSHIP APPEAL FORM – CURRENT STUDENTS

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 2017

Spring 2018

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)

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 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.

2017-2018 SCHOLARSHIP APPEAL FORM – CURRENT STUDENTS

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**

SUMMER 2017	
COURSE LIST	CREDITS
TOTAL CREDITS	

FALL 2017	
COURSE LIST	CREDITS
TOTAL CREDITS	

SPRING 2018	
COURSE LIST	CREDITS
TOTAL CREDITS	

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:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Success Workshop(s) | <input type="checkbox"/> The Study Stop | <input type="checkbox"/> Probation Recovery Program | <input type="checkbox"/> CAPS Services |
| <input type="checkbox"/> Reduced Course Load | <input type="checkbox"/> Reduced Work Hours | <input type="checkbox"/> Repeat Courses | <input type="checkbox"/> Remedial Coursework |
| <input type="checkbox"/> Change of Major | <input type="checkbox"/> Back Up Plan | <input type="checkbox"/> Referral (e.g., housing/transportation services/social services) | |
| <input type="checkbox"/> 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 (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

2017-2018 SCHOLARSHIP APPEAL FORM – CURRENT STUDENTS

Extenuating Circumstances and Documentation

<i>Extenuating Circumstance should have occurred within the academic year that caused the student to not meet the renewal criteria for their scholarship(s).</i>	Recommended Documentation – Submit at least <i>one type</i> of documentation
<p align="center">Medical Condition</p> <p>Serious illness, dental emergency, change in health status, surgery, hospitalization or mental health issue</p>	<ul style="list-style-type: none"> ▪ Letter from health care provider/or other licensed professional with advised period of recovery, dates of office visits. ▪ Medical Records
<p align="center">Student’s Immediate Family:</p> <p>Child or parent medical condition (if parent, student needs to provide documentation that he/she was required to care for parent).</p>	<ul style="list-style-type: none"> ▪ 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
<p align="center">Death of Family Member or Friend</p>	<ul style="list-style-type: none"> ▪ Obituary or death certificate ▪ Letter from counselor <p align="center"><i>(Documentation should include date and indicate relationship to the deceased.)</i></p>
<p align="center">Housing Issues</p>	<ul style="list-style-type: none"> ▪ Letter from Resident Director ▪ Eviction notice ▪ Letter from transitional housing program
<p align="center">Family Issues</p>	<ul style="list-style-type: none"> ▪ Letter from therapist or other licensed professional
<p align="center">Assault or Domestic Violence</p>	<ul style="list-style-type: none"> ▪ Police Report ▪ Court Documentation ▪ Letter from clergy, social worker, licensed professional or doctor
<p align="center">Motor Vehicle Accident</p>	<ul style="list-style-type: none"> ▪ Police Report ▪ Court Documentation ▪ Medical Records

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.