2019-2020 SCHOLARSHIP APPEAL FORM – LEAVE OF ABSENCE

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, 2019
    Spring: January 19, 2020

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 a leave of absence for the following situation and for the following term(s):

☐ 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.

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)
### 2019-2020 SCHOLARSHIP APPEAL FORM – LEAVE OF ABSENCE

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Office of Scholarships & Financial Aid  
Canfield Administration Building  
P.O. Box 880411  
Lincoln, NE 68588-0411

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### ACADEMIC ADVISING FORM

To be completed with an Academic/Faculty Adviser

<table>
<thead>
<tr>
<th>STUDENT NAME</th>
<th>NU ID</th>
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<tr>
<th>INTENDED MAJOR</th>
<th>TODAY’S DATE</th>
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<tr>
<th>ANTICIPATED DEGREE COMPLETION DATE</th>
<th>CREDITS REMAINING IN PROGRAM</th>
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Please provide your Two – Semester Academic Plan

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<tr>
<th>SUMMER 2019</th>
<th>FALL 2019</th>
<th>SPRING 2020</th>
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<tbody>
<tr>
<td>COURSE LIST</td>
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<td>TOTAL CREDITS</td>
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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)
- [ ] The Study Stop
- [ ] Probation Recovery Program
- [ ] CAPS Services
- [ ] Reduced Course Load
- [ ] Reduced Work Hours
- [ ] Repeat Courses
- [ ] Remedial Coursework
- [ ] Change of Major
- [ ] Back Up Plan
- [ ] 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)
2019-2020 SCHOLARSHIP APPEAL FORM – LEAVE OF ABSENCE

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

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Canfield Administration Building
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Lincoln, NE 68588-0411

Extenuating Circumstances and Documentation

<table>
<thead>
<tr>
<th>Extenuating Circumstance</th>
<th>Recommended Documentation – Submit at least one type of documentation</th>
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</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  
  Child or parent medical condition (if parent, student needs to provide documentation that he/she was required to care for parent). | ▪ 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                                                       |
| Family Issues            | ▪ Letter from therapist or other licensed professional                 |
# 2019-2020 Scholarship Appeal Form - Leave of Absence

| Assault or Domestic Violence | Police Report
|                           | Court Documentation
<table>
<thead>
<tr>
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<th>Letter from clergy, social worker, licensed professional or doctor</th>
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<tr>
<td>Motor Vehicle Accident</td>
<td>Police Report</td>
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<tr>
<td></td>
<td>Court Documentation</td>
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<td>Medical Records</td>
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