Spring 2019

Satisfactory Academic Progress (SAP) Appeal Form for GPA and/or Completion Rate Deficiency

You can fax, mail, or drop this form by our office for processing.

A. STUDENT INFORMATION:

Student’s Name: ________________________________  NSHE: ________________________________

Which semester was your financial aid disqualified? ________________________________

B. APPEAL DEADLINES:

If appealing to reinstate your financial aid eligibility for the Spring 2019 semester, this appeal and all its contents and attachments must be received by February 19, 2019.

Appeals received after this date will not be considered. If you miss this deadline, you would need to wait until the next available semester you can register for classes to submit your appeal. Appeals submitted for a term more than one semester in the future cannot be reviewed.

Please allow up to 4 weeks from receipt of your completed appeal for the SAP Appeal Committee to carefully review your appeal.

You will be notified of the Committee’s decision after it has been rendered. Please visit your MyUNLV Communication Center to review the communications sent by our office.

C. WHY ARE YOU COMPLETING THIS APPEAL? CHECK ALL THAT APPLY:

( ) GPA Deficiency: My UNLV cumulative grade point average is below 2.00 (for undergraduate students) or 3.00 (for graduate students).

( ) Course Completion Rate Deficiency: My overall course completion rate is less than the 70% minimum required.
D. READ AND INITIAL EACH ITEM TO VERIFY YOU AGREE AND UNDERSTAND THE FOLLOWING:

_______ I understand I am currently ineligible for financial aid and I am responsible for any tuition, fees or on-campus housing/meal charges. I am also ineligible for a late fee waiver of any tuition, fee or on-campus housing/meal charges because I am unable to pay for my billing expenses without financial aid assistance.

_______ I understand federal financial aid regulations state only a financial aid administrator may determine the status of my financial aid eligibility. I understand if my appeal is denied, petitioning my concerns outside of the Financial Aid & Scholarships Office for reconsideration will not alter the denial decision.

_______ I understand I must complete an academic plan with my academic advisor. Inability to meet my established academic plan is looked upon unfavorably by UNLV and the U.S. Department of Education. If I deviate from the approved academic plan for the approved semester, my financial aid eligibility will revert again to a disqualified status. For example, if I fail, audit or withdraw from a course listed in my plan of study, my financial aid eligibility will revert again to a disqualified status. Future appeals to reconsider my financial aid eligibility will not be considered by the office. Additional appeals for reoccurring or similarly reoccurring life circumstances affecting my academic performance will not be considered by the office.

_______ I understand I will only take classes listed on my degree requirement and evaluation worksheet. I will not take any other credit classes which do not count towards my degree requirement.

_______ I understand I may not alter, adjust, amend, modify, revise or white-out the academic plan my academic advisor has approved for me. Appeals submitted to the office, whose academic plan appears irregular, will be denied for integrity concerns.

_______ I have read, understand and will follow the Financial Aid & Scholarships Satisfactory Academic Progress policy at www.unlv.edu/finaid/checklist/after-sap
E. APPEALING GPA AND/OR COURSE COMPLETION RATE DEFICIENCY:

If you are submitting this appeal because you previously checked you had a GPA and/or course completion rate deficiency, include in your written appeal the extenuating circumstances which prevented you from obtaining a successful GPA or Course Completion Rate.

Our review and assessment of your situation is only as good as the information you provide. Be clear, concise and accurate. Describe within your appeal the following to help us understand your situation:

- In every semester you were not academically successful, describe the circumstances involved.
- What measures you will take to resolve concerns within your personal life and prevent losing your financial aid eligibility again?
- What have you learned and what resources will you use to become academically successful?
- Provide dates and timelines regarding what occurred.

Attach supporting documentation as appropriate. Below are examples of supporting documents:

- Death in the family. State how this person was related to you (i.e. parent, spouse, sibling, etc.) You must provide a copy of the death certificate. Obituaries or funeral programs are not sufficient.
- Disabling illness or injury to the student. Please provide supporting documentation from your medical provider.
- Disabling illness or injury of immediate family member that required your care. Please provide supporting documentation from your medical provider.
- Emotional or mental health issue (for student) that required professional care. Please provide supporting documentation from your medical provider.
- Other unusual circumstances beyond your control. Provide any supporting documentation you may have to strengthen your appeal.

The following situations are not considered extenuating circumstances:

- Lack of knowledge or understanding of the Satisfactory Academic Progress standards
- Medical appeals for illness or hospitalization for dates that do not correspond to the semester(s) of sub-standard progress
- Reoccurring or similarly reoccurring life circumstances affecting your academic ability, to graduate within a reasonable time frame, using federal, state or institutional financial aid funds
- The state of being young and irresponsible
- Please give me one more chance, UNLV is my dream school, I cannot attend UNLV without financial aid assistance
- Employment and/or voluntary overtime
- You are taking courses that are prerequisites to a degree that you are not currently admitted.
- You had good intentions or you tried your hardest to do well in school.
## F. ACADEMIC ADVISING WORKSHEET - ALL STUDENTS MUST COMPLETE WITH ACADEMIC ADVISOR:

You are required to submit an Academic Advising Worksheet for Satisfactory Academic Progress along with this appeal. This appeal form will not be accepted by the Financial Aid & Scholarships Office if it is not accompanied by the Academic Advising Worksheet.

Contact your Advising Center for instructions how to obtain the Academic Advising Worksheet for Satisfactory Academic Progress Appeals.

## G. STUDENT CERTIFICATION AND SIGNATURE:

The UNLV Financial Aid & Scholarships Office is obligated under Federal Code of Regulation, 34 CFR 668.16(g) to refer fraudulent activity in obtaining Federal financial aid assistance. The Office of the Inspector General of the U.S. Department of Education will be notified if the office finds credible information indicating an applicant may have engaged in fraud or other criminal misconduct in connection with their Free Application for Federal Student Aid (FAFSA) application.

Pursuant to Title 2, Chapter 6 of the Nevada System of Higher Education Code, Section 6.1.1, you will be also referred the UNLV Office of Student Conduct for University sanctions and discipline if the office finds credible information indicating an applicant may have engaged in fraud or other criminal misconduct in connect with their Free Application for Federal Student Aid (FAFSA) application.

I understand the U.S. Department of Education looks unfavorably upon students who cannot meet their established academic plan. Additional appeals for reoccurring or similarly reoccurring life circumstances affecting my academic performance will not be considered by the office.

I certify the information on my satisfactory academic progress appeal, any supporting documentation are accurate, true and complete. I will provide additional information, if requested, by the UNLV Financial Aid and Scholarships Office.

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<th>Student’s signature</th>
<th>Date</th>
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Please use this as an example of how to structure your letter of appeal. Please be CONCISE, but make the statement as long as necessary to explain each section listed below. Please note this is not a statement of good intentions or a place to make emotional pleas to the committee. This is a statement of the facts of the extenuating circumstances, being circumstances beyond your control, which caused your disqualification from financial aid.

Date
Your name
Your NSHE ID Number

Re: Satisfactory Academic Progress Letter of Appeal

Dear Appeal Committee:

My name is [insert your name] and I am submitting this letter of appeal regarding my disqualification of financial aid due to not meeting the conditions of the Satisfactory Academic Progress policy. I did not meet the conditions of the policy because

(Please explain in full the extenuating circumstances that prevented you from meeting the SAP policy. Please address all semesters in which you performed poorly and the specific reasons why each course resulted in an "F" grade, "D" grade, "I" grade, "WD" grade or Audited. Please attach only relevant documentation to support your claims – see appeal form for examples. Do not turn in photos of medical procedures or screenshots of your MyUNLV page.)

I did not meet the conditions of the policy during my Warning semester because

(Please address your academic performance specifically in the Warning semester with any relevant documentation to support any issues during this time).

During my Warning semester, I took the following actions in an effort to restore my academic standing for financial aid purposes.

(Please explain the specific plan of action you participated in while you were on your Warning semester in an effort to meet the Satisfactory Academic Progress standards, such as utilizing the Writing Center, the Academic Success Center, CAPS, etc. Provide any corresponding documentation.)

I would like to address what has changed in my life that will now allow me to meet the SAP policy in future semesters.

(Please describe how you have resolved all of the specific extenuating circumstances you described above. Provide any corresponding documentation.)

Sincerely,

Signature
Your name