2019 - 2020 Unusual Enrollment History Appeal Form

A. STUDENT INFORMATION:

Student’s Name: ___________________________ NSHE ID: ___________________________

Indicate the year for which you are attempting to receive financial aid? ______________________

*Read the following statements and initial to indicate your understanding*

( ) I understand that my current financial aid ineligibility is due to my academic and federal financial aid history based on information UNLV has received from the U.S. Department of Education.

( ) I have attached a letter explaining my past academic history and have provided documentation regarding any extenuating circumstances that have contributed to my unusual enrollment history.

( ) I understand that to be considered for financial aid eligibility at UNLV I am required to submit this appeal. If the appeal is approved I will then be considered eligible to receive financial aid at UNLV.

( ) I understand if this appeal is denied, the decision cannot be appealed.

B. APPEAL DEADLINES:

*If appealing to gain financial aid eligibility for Fall 2019 semester, this appeal must be received by November 9, 2019.* Appeals received after this date will not be considered for the Fall 2019 semester.

*If appealing to gain financial aid eligibility for Spring 2020 semester, this appeal must be received by March 29, 2020.* Appeals received after this date will not be considered for the Spring 2020 semester.

Please allow up to 15 business days from receipt of your completed appeal for the Appeals Committee to carefully review your appeal.

C. STUDENT CERTIFICATION AND SIGNATURE

The office will verify your academic history, review related appeals documentation submitted by you and determine if your financial aid eligibility can be approved. You will be notified of the Committee’s review/decision by e-mail to your Rebel e-mail account and your MyUNLV Communication Center.

*Read the following statements and initial to indicate your understanding*

( ) I am committed to the completion of the academic plan as submitted with this appeal.

( ) I understand that in the future I may be held accountable for following this academic plan should I become ineligible for financial aid due to not meeting the standards of the Satisfactory Academic Progress Policy.

_________________________________________  ________________________
Student’s signature  Date
Academic Advising Worksheet for Unusual Enrollment History Appeal

D. ACADEMIC PLAN WORKSHEET - ALL STUDENTS MUST COMPLETE WITH ACADEMIC ADVISING CENTER:

Student’s Name: __________________________ NSHE ID: _____________________

To be completed by Academic Advising Center: As of the end of (term) ______________ Year 20________

(Indicate the last term in which the student completed any credits at UNLV) (fall, spring or summer)

What are the total remaining credit hours this student is required to complete for his/her UNLV degree(s)?

Major 1 _________ Major 2, if applicable _________ Minor, if applicable _________

How many total credit hours has the student transferred to UNLV?

Major 1 _________ Major 2, if applicable _________

Of those transfer credit hours, how many fulfill requirements for the student’s current UNLV major(s)?

Degree Major 1 _________ Degree Major 2, if applicable _________ Degree Minor, if applicable _________

*NOTE FOR DUAL MAJORS: If the student is pursuing a dual major, and if the majors are in the same college, this one form should represent the required credits to complete the dual degrees. However, if the majors are in two different colleges, then the student must submit separate plans of study prepared by academic advisors in each college.

Academic Plan Detail:

Using the worksheet below, construct an academic plan of study consisting of the current semester credits (if the student is appealing the current semester) or the future semester credits (if the student is appealing for the next semester). This worksheet is intended to serve as an indication of the courses the student plans to take in the immediate future. Courses must be required for graduation by the degree program.

Include only credit hours necessary to complete UNLV degree(s). Course prefix/numbers are required on this worksheet. This worksheet should reflect courses the student is enrolled in for the requested reinstatement term.

<table>
<thead>
<tr>
<th>Example</th>
<th>Semester</th>
<th>Course Name</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2019</td>
<td>BIOL363</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>
E. ACADEMIC ADVISOR ENDORSEMENT – TO BE COMPLETED BY ACADEMIC ADVISOR

Student’s Name: __________________________ NSHE ID: __________________________

Academic Advisor’s Endorsement: The above worksheet/academic plan of study (Section A of this form) has been reviewed by an academic advisor and provided to the student. White correction tape or fluid has not been used to correct any errors on this form.

I have attached a current, signed copy of the student’s Degree Audit, Degree Audit Worksheet, or similar documentation to this appeal. The attached documentation clearly indicates the specific courses required for the student to complete her/his UNLV degree(s).

____________________________________________________________________________________

Academic Advisor’s Signature  Academic Advisor’s Name (Print)

____________________________________________________________________________________

Date  Academic Department  Office Telephone Number