



UNO OFFICE OF FINANCIAL AID AND SCHOLARSHIPS 2013- 2014 SATISFACTORY ACADEMIC PROGRESS APPEAL

Last Name _____ First Name _____ NU ID# _____ Date _____

Federal regulations authorize the Office of Financial Aid to consider appeals of denied aid eligibility in cases where you have incurred circumstances such as a death of a close family member, serious illness or injury to yourself, or other serious extenuating circumstances that significantly contributed to your failure to meet the minimum GPA and/or course completion standards.

To have your appeal considered, you must complete this form by **TYPING** in the information and return the form within 30 days to the Office of Financial Aid, Eppley Administration Bldg., Rm 103, Omaha, NE 68182, or you may email the document to unofinaid@unomaha.edu.

1. Enter the number of credit hours you plan to enroll for the semesters listed below:

Fall 2013 ____ Spring 2014 ____ Summer 2014 ____

2. Explain in detail why you are not currently meeting the minimum SAP standards. You may include any documentation you feel will support your explanation.

3. What changes have you made to ensure that you will be able to meet the SAP standards going forward?

For Office Use Only:

Comp % _____ GPA _____ Decision _____ SAP Code _____

Notes: _____
