



STUDENT APPEAL FORM

Students who request a late drop, withdraw from one or more courses, or completely withdraw may be obligated to the University for that portion of tuition which is indicated on the refund schedule.

The Refund Schedule can be found at https://www.unomaha.edu/accounting-services/cashiering-and-student-accounts/tuition-fees-and-refunds/tuition-refund-schedule.php.

Students submitting an appeal must demonstrate extenuating circumstances beyond the student's control were in effect during the term in question.

- Provide a detailed, written statement to support your request in the space provided; we encourage you to submit any supporting documentation. Attach additional pages if necessary.
• If you are appealing for medical reasons you must attach documentation, such as a doctor's note to include a signature, dates of treatment, etc.
• Submit completed form and attachments to:

Office of the University Registrar
Epley Administration Building, Room 105
6101 University Drive North
Omaha, NE 68182-0287
unoappeals@unomaha.edu
Fax: 402.554.2011

The Student Appeals Committee meets weekly to review these appeals; you will be notified of the committee's decision within one week of the meeting. If you have any questions about the process or this Student Appeal Form, please call the Office of the University Registrar at 402-554-2314.

Please Note: If you are a Financial Aid or scholarship recipient and your request is approved, you may have to repay aid for the applicable academic year. For more information regarding your aid, please contact the Office of Financial Support and Scholarships at 402-554-2327.

Dreamer, Buffett, Project Achieve, Goodrich, Scott, and Young students: Discuss this appeal with your scholarship advisor and have them sign below. I fully understand, if any, the consequences of this appeal.

Scholarship Advisor/Program Coordinator/Academic Mentor Signature: _____

Form with fields for Name, NU ID, Email, Phone, and Address.

Please complete section below:

Choose ONE of the three options below:

Table with 6 columns: Semester and Year, Subject, Course, and Section Number, Last Date of Attendance, Requesting a Withdraw (Receive a "W" grade), Requesting a late drop (Remove from transcript), and Other (Need Explanation).

I hereby certify the information provided above is correct and true to the best of my knowledge.

Student Signature: _____

Date: _____

Detailed reason for this request:

Detailed requested action to be taken,

For Office Use Only:

Date Received: _____ Appeal Type: Standard Medical

Financial Aid? R2T4 Date: _____ VA? Withdrawn? Wd Dates: _____

Previous Appeals? _____

Approved Refund: _____ % Effective Date: _____ Denied

Comments: _____

Student notified of Committee's decision: Email Mail Date: _____ Initials: _____

