University of Nevada, Reno

Student Financial Aid and Scholarships
Mail Stop 0076
Reno, NV 89557-0076
(775) 784-4666 Voice
(877) 666-0014 Toll-free
(775) 784-1025 Fax
www.unr.edu/financial-aid

MAXIMUM TIME FRAME APPEAL

- Attach the required Plan of Study (see below) to your Appeal form.
- Depending on the volume of appeals submitted, you can anticipate a decision from the Financial Aid Appeals Committee within 1 – 3 weeks. If your appeal is approved you will receive an email and shortly thereafter will be able to view your financial aid awards on MyNevada.
- If your appeal is denied, the notification will include suggested possibilities for additional funding.
- After that time, if you feel there are circumstances that are not reflected in your appeal, you may request an in-person appeal before the SAP Appeals Committee. Please contact the Financial Aid Office at 775-784-4666 to schedule an in-person appeal. You are not eligible for an in-person appeal until you have submitted a paper appeal.
- The SAP Appeals Committee decisions are final and are not subject to further review.

Student Name: _____ Student ID: _____

Student Email: _____ Student Major: _____

Current Degree Objective: ☐ First Bachelor's ☐ Second Bachelor's

☐ First Master's ☐ Second Master's ☐ Doctorate

Please attach a <u>signed</u> 'Plan of Study' from your academic advisor on department letterhead, listing semester by semester enrollment for <u>only</u> the courses required to complete your degree, with estimated graduation date. Only students officially accepted into the four semester standard Nursing program are exempt from this requirement.

Certification: I certify that the information is accurate and complete. I understand an incomplete request will not be processed. I have attached all appropriate documentation. I understand that my appeal will be evaluated based on that documentation. Any false information may be cause for denial, reduction, and/or immediate repayment of all aid. If I am required to repay financial aid as a result of the federal regulations regarding my discontinuation of class attendance, I acknowledge I am liable for the repayment. The repayment cannot be waived even when the appeal is approved for deficiencies in GPA or credit completion.

Student Signature: _____ _____ Date: _____