



Revised: 2/27/20

Office of Student Financial Aid & Scholarships

Medical Student

Satisfactory Academic Progress Appeal

OFFICE USE ONLY

Student Name: _____ **NSHE ID:** _____

Before submitting this form, please review the University's Satisfactory Academic Progress policy for Medical Students at <https://www.unr.edu/financial-aid/satisfactory-academic-progress>

SECTION 1: REQUIRED DOCUMENTATION

1. Detailed personal statement. Provide specific dates, fully describe what occurred, and explain how this situation affected your academic performance. Also explain the preventative steps you have taken to ensure you will be able to meet the Satisfactory Academic Progress standards in the future. If you have received an incomplete (I) grade for any classes, provide the time frame for completion. *There is no length requirement for your detailed personal statement, however one or two pages should be sufficient in most cases.*

2. Supporting documentation. This may include statements on letterhead from instructors, physicians, and/or therapists. Other documentation may include police reports, death certificates, court documents, etc.

Note: If you have already provided the documentation specified above to the University of Nevada School of Medicine for a separate appeal, you may request that they provide a copy of your statement and supporting documentation to the Office of Student Financial Aid & Scholarships. The Financial Aid Appeals Committee will review the appeal and either accept the documentation as is or request additional information. If your appeal is approved, financial aid eligibility will be restored, and you will remain eligible provided all terms and conditions of appeal approval are met upon evaluation at the end of each semester.

SECTION 2: STUDENT CERTIFICATION

I have read and understand the University's Medical Student Satisfactory Academic Progress policy, which is available at the web address provided at the top of this form. If I have requested that the University of Nevada School of Medicine provide a copy of all appeal documents to the Office of Student Financial Aid & Scholarships, I hereby authorize them to do so. I understand that the School of Medicine's appeal process is separate, and approval from the School of Medicine does not guarantee approval for financial aid. I acknowledge that any false information may be cause for denial, reduction, and/or immediate repayment of all aid.

Student Signature: _____ **Date:** _____

OFFICE USE ONLY

Non-Passing Grades: _____

Maximum Time Frame: _____

Meeting Date: _____ **Committee:** _____

Notes: _____

Approved Pending Denied AltLoan SAP PCE COM DB Checklist FAPackage

Meeting Date: _____ **Committee:** _____

Notes: _____

Approved Pending Denied AltLoan SAP PCE COM DB Checklist FAPackage