

Unusual Enrollment History Appeal Form

2016-2017

Type or write in **BLACK** ink. **DO NOT** use pencil.

STUDENT LAST NAME:	FIRST:	MI:	STUDENT ID #:
LOCAL ADDRESS:			ZIP:
PHONE:		E-MAIL:	
<input type="checkbox"/> ARIZONA ASSURANCE	<input type="checkbox"/> GATES	<input type="checkbox"/> NATIVE AMERICAN	<input type="checkbox"/> NURSING
<input type="checkbox"/> PHARMACY	<input type="checkbox"/> GRAD ELLER		

Appeal Guidelines

A student who is no longer eligible for federal or institutional financial aid due to Unusual Enrollment History may appeal this status **after** completing a semester at UA with at least half-time enrollment (6 graded units undergraduate/5 graded units graduate) using their own financial resources. The outcome of this appeal will depend on the student demonstrating academic progress. The submission of an appeal does not guarantee the reinstatement of financial aid eligibility. In the event that this appeal is not approved, the student will be ineligible for federal and institutional aid.

ACADEMIC PLAN – REQUIRED FOR FINANCIAL AID ELIGIBILITY

To be completed by the student and academic advisor

College/Program _____

Estimated Graduation Date _____ Major _____ Minor _____

Student and Academic Advisor:

Carefully evaluate this plan, as the student will be expected to complete all courses listed below. Understand that:

1. The submission of an appeal does not guarantee the reinstatement of financial aid eligibility.
2. If the appeal is approved, but the student fails to complete the listed coursework, s/he will lose aid eligibility.
3. In addition to this Academic Plan for Financial Aid, students must meet the standards of Satisfactory Academic Progress (SAP) as outlined in the UA SAP policy at <https://financialaid.arizona.edu/managing-my-aid/satisfactory-academic-progress-sap-policy> in order to be eligible for federal and institutional aid.
4. **A complete withdrawal from any semester while on this academic plan should be discussed by the student with their academic advisor and financial aid counselor prior to the withdrawal.**

In the grid below, list specific courses or general enrollment requirements.

The example below demonstrates 12-units of enrollment. If the student/advisor believes that the student will be better suited to enroll in less than 12 units per term during this Academic Plan for Financial Aid, please indicate below. Students must be enrolled at least half-time (6 graded units undergraduate/5 graded units graduate) to be eligible for financial aid. List the most efficient plan for the student to graduate; the plan should detail significant and reasonable progress. **This plan must be for 2 terms, unless graduating.**

Example Academic Plan	Example Units	Term 1 Term: _____	Units	Term 2 Term: _____	Units
ECON 330	3				
MGMT 402	3				
Finance upper division	3				
Spanish minor elective	3				



Administration Building · Room 208
P.O. Box 210066, Tucson, AZ 85721-0066
TEL: 520.621.1858 · FAX: 520.621.9473
financialaid.arizona.edu

ACADEMIC ADVISOR STATEMENT

The student whose name appears on this form is pursuing an appeal with the University of Arizona’s Office of Scholarships and Financial Aid regarding his/her Unusual Enrollment History. Academic Advisor input is required. Please use the space below to include any details about the student’s Academic Plan for Financial Aid that are not listed on page 1 of this form.

I certify that I have worked with the student to fill in the information listed in the Academic Plan.

Academic Advisor Signature Date

Advisor Name (Print)

College / Major

Advisor Phone Advisor E-mail

STUDENT STATEMENT AND CERTIFICATION

I have attached a personal statement that describes how I intend to maintain my eligibility for federal and institutional aid in the future.

I agree to this Academic Plan to appeal for reinstatement of Financial Aid. I understand that the submission of an appeal does not guarantee the reinstatement of financial aid eligibility and that failure to follow and complete this plan will result in suspension of federal and institutional aid. I understand that I must also meet the standards of Satisfactory Academic Progress (SAP) as outlined in the UA SAP policy and failure to do so will result in suspension of federal and institutional aid. I acknowledge that I am responsible for reading and acting upon (when necessary) the information sent to my UA email account. I certify that all information submitted with this appeal is accurate and true to the best of my knowledge.

Student Signature _____ Date _____