



CODE:	CFAPPL
DATE:	
RECEIVED:	

**STUDENT FINANCIAL SERVICES**

**2011-12 Financial Aid SAPP Appeal Form**

Student's Name: \_\_\_\_\_

NSHE ID: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**IMPORTANT: Please review the Financial Aid Satisfactory Academic Progress (SAP) Policy before completing this form.**

**STEP 1:** Specify reason for your request. Mark all that apply.

- My CSN Cumulative Grade Point Average is below the required 2.00.
- My total CSN attempted credits and my transfer credits exceeds 150% of the total credits needed to graduate.
- I am not on pace to graduate (earned credits divided by attempted credits are less than the 66% minimum).

I already have earned a college degree (or certificate) and want to receive financial aid to pursue an additional degree or certificate during my CSN enrollment.

- What type of college degree(s) - (Certificate, BA/BS/BFA, Master's, Doctorate) - have you earned?  
(For example: BA in Political Science)

From what college(s) did you graduate? (list all schools)

**\*\*SPECIAL NOTE:** If you transferred to CSN, please be advised that your petition will not be reviewed until the evaluation of your transfer credits has been completed by the Office of the Registrar. A copy of your transfer credit evaluation must be included with this appeal request. Failure to comply will result in the return of your request without further review.

**STEP 2:** Required Documentation [Incomplete appeals will not be accepted, or will be denied by Committee.]

A personal statement written by the student applicant describing:

- 1. An extenuating circumstance; and
  2. How the extenuating circumstance caused your academic under performance; and
  3. What you have done to overcome the extenuating circumstance.
- Documentation proving the extenuating circumstance
- A completed CSN Academic Rehabilitation Plan that is signed by your Academic Counselor/Advisor.

**STEP 3:** Certification and Statement of Understanding:

The information contained in this appeal, including all attachments and enclosures, is authentic and truthful. I understand this information may be shared with members of the SFS Satisfactory Academic Progress Committee and, as part of my permanent financial aid record, may be reviewed by federal employees, their agents, or others contracted by CSN to evaluate the administration of Title IV Student Financial Aid Programs:

Signature and date:

Student Financial Services -Henderson

700 College Drive

Henderson NV 89002-8419

(702) 651-3044 / fax (702) 651-3546

Student Financial Services - West Charleston

6375 West Charleston Boulevard

Las Vegas NV 89146-1164

(702) 651-5660 / fax (702) 651-7495

Student Financial Services - Cheyenne

3200 East Cheyenne Avenue

North Las Vegas NV 89030-4228

(702) 651-4047 / fax (702) 651-4631

Reset Form

# My CSN Academic Rehabilitation Plan

Print Form

(Completed by CSN Personnel)

**Student Name:**

**Catalog Year:**  Text Field

**NSHE #:**

**Declared Major:**

First Semester Recommended Classes	Second Semester Recommended Classes	Third Semester Recommended Classes
<b>Term</b> <input type="text"/> Course: <input type="text"/> Crd: <input type="text"/> Course: <input type="text"/> Crd: <input type="text"/> Course: <input type="text"/> Crd: <input type="text"/> Course: <input type="text"/> Crd: <input type="text"/> Course: <input type="text"/> Crd: <input type="text"/>	<b>Term</b> <input type="text"/> Course: <input type="text"/> Crd: <input type="text"/> Course: <input type="text"/> Crd: <input type="text"/> Course: <input type="text"/> Crd: <input type="text"/> Course: <input type="text"/> Crd: <input type="text"/> Course: <input type="text"/> Crd: <input type="text"/>	<b>Term</b> <input type="text"/> Course: <input type="text"/> Crd: <input type="text"/> Course: <input type="text"/> Crd: <input type="text"/> Course: <input type="text"/> Crd: <input type="text"/> Course: <input type="text"/> Crd: <input type="text"/> Course: <input type="text"/> Crd: <input type="text"/>
Total Credits Remaining until CSN Graduation: <input type="text"/>	Total Transfer Credits brought to CSN by student: <input type="text"/>	Total Transfer Credits that apply to CSN Degree Requirements: <input type="text"/>

## Additional Recommendations

- I agree to meet with a CSN Retention Specialist \_\_\_\_ times during the first semester of this Plan.
- I agree to take the Math (circle one) [and] [or] English Placement Exam at the CSN Testing Center before the next enrollment period.
- I agree to visit the Math & Science Drop-in Labs a minimum of \_\_\_\_ times during the first semester of this Plan and, if asked, will submit proof of my visit(s).
- I will utilize CSN Tutorial Services for the following class(es):
- I will seek accommodations from the CSN Disability Resources Center during the first semester of this Plan.
- I agree to limit my course enrollment to no more than \_\_\_\_ credits during the first semester of this Plan.
- I will visit CSN Career Services to explore employment options during the first semester of this Plan.
- I agree to revisit with my advisor to review my progress prior to enrolling in the second semester of this Plan.
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**Prepared By:**

**Effective Date:**

**Agreed and Acknowledged by:  
(Student signature)**