

**UNIVERSITY OF NEW MEXICO
OFFICE OF STUDENT FINANCIAL AID
PETITION FOR LEAVE OF ABSENCE OR REINSTATEMENT OF ACADEMIC SCHOLARSHIPS**

Student's Name	UNM ID No.
Telephone No.	Email Address

**** Incomplete Petitions will be denied. It is the student's responsibility to ensure grades have posted and/or documentation is submitted at the time of the petition.**

Leave of Absence

Fall _____ Spring _____	Provide a personal statement detailing your need for a leave of absence, the semester you intend to return to UNM and any pertinent documentation to support your request. A leave of absence allows you to maintain eligibility for your scholarship(s) as long as you are meeting all requirements of maintaining your scholarship(s) when the leave of absences begins. A leave of absence may be approved for Co-ops, call to active-duty military service, religious commitments, medical conditions or an unexpected, traumatic life experience.
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Legislative Lottery Scholarship

Fall _____ Spring _____	<p>Qualifying Semester: If you are a first time freshman and you did not meet the qualifying semester requirements please indicate the reason for requesting a change to your qualifying semester:</p> <p><input type="checkbox"/> Documented Medical Condition – Provide a personal statement detailing the circumstances that prevented you from meeting the academic requirements of maintaining the scholarship. Also submit a completed Medical Addendum signed by your health care provider and any relevant documents to support your request.</p> <p><input type="checkbox"/> Active-Duty Military Service – Provide a copy of your military orders indicating the dates of your active-duty service.</p> <p>Legislative Lottery Recipient: If you met the qualifying semester requirements and you have received the Legislative Lottery Scholarship for at least one semester please indicate the reason for requesting to have the scholarship reinstated:</p> <p><input type="checkbox"/> Made up credit hours or GPA requirements to regain eligibility</p> <p><input type="checkbox"/> Documented Medical Condition or Traumatic Life Experience – Provide a personal statement detailing the circumstances that prevented you from meeting the academic requirements of maintaining the scholarship. Also submit a completed Medical Addendum signed by your health care provider or any relevant documents to support your request. <input type="checkbox"/> Medical Addendum <input type="checkbox"/> Supporting Medical documents</p> <p><input type="checkbox"/> Active-Duty Military Service – Provide a copy of your military orders indicating the dates of your active-duty service.</p>
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Other Scholarships

Fall _____ Spring _____	<p>Provide a personal statement detailing the reason(s) for failing to meet the academic standards required to maintain your scholarship award. Also include any pertinent documentation such as a signed Medical Addendum, additional medical documents, military or religious orders, obituaries, etc. to support your request. If your scholarship is reinstated you are required to meet all requirements to maintain the scholarship in subsequent semesters. You may request an exemption to the semester credit hour requirement for your scholarship, however, you must maintain at least full-time enrollment. Requests to extend scholarship awards beyond their maximum time frame will not be considered.</p> <p style="text-align: center;">Check the Scholarship(s) you are requesting to have reinstated:</p> <p><input type="checkbox"/> Regents' Scholars <input type="checkbox"/> National Scholars <input type="checkbox"/> Presidential Scholars</p> <p><input type="checkbox"/> UNM Scholars <input type="checkbox"/> NM Scholars <input type="checkbox"/> Amigo Scholarship</p> <p><input type="checkbox"/> Amigo International <input type="checkbox"/> Amigo Transfer <input type="checkbox"/> UNM Legislative Endowed</p> <p><input type="checkbox"/> Zia Transfer Scholarship <input type="checkbox"/> Other (Please Specify) _____</p>
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---FOR OFFICE USE ONLY

Reviewed by:	Date:	Decision:
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