

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 are subject to denial. Students must submit a complete petition that includes:**

- Scholarship petition form:
- Personal statement that explains:
  - circumstance that prevented you from meeting the academic requirements of maintaining the scholarship**
  - what has changed since this circumstance occurred that will allow you to meet the requirements in the future**
  - what are your plans to ensure you successfully meet the requirements in the future**
- Relevant documentation to support your petition

*\*\*Check the Scholarship(s) that this petition applies to:*

<input type="checkbox"/> Legislative Lottery Scholarship	<input type="checkbox"/> National Scholars	<input type="checkbox"/> Presidential Scholars
<input type="checkbox"/> Regents' Scholars	<input type="checkbox"/> UNM Scholars	<input type="checkbox"/> Amigo Scholarship
<input type="checkbox"/> Woodward Scholars	<input type="checkbox"/> Amigo International	<input type="checkbox"/> UNM/Zia Transfer Scholarship
<input type="checkbox"/> Amigo Transfer	<input type="checkbox"/> UNM Legislative Endowed <input type="checkbox"/> Other (Please Specify) _____	

**Scholarship Reinstatement**

Indicate the semester you are requesting a reinstatement for:  Fall _____  Spring _____	<p><b>Please indicate the reason for requesting the scholarship reinstatement:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Exceptional Mitigating Circumstance which precluded you from completing the requirements –                     <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Supporting documents that certify the nature of the exceptional mitigating circumstance</b></li> </ul> </li> <li><input type="checkbox"/> Documented Medical Condition –                     <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Supporting Medical Documents OR</b> <input type="checkbox"/> <b>Medical Addendum signed by your medical provider</b></li> </ul> </li> <li><input type="checkbox"/> Returning from Active-Duty Military Service –                     <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Copy of DD-214 that indicates your service Start and End Dates and type of discharge characterization</b></li> </ul> </li> <li><input type="checkbox"/> Returning from previously approved Leave of Absence –                     <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Medical release form, if applicable</b></li> </ul> </li> <li><input type="checkbox"/> Request for credit hour exemption during graduating semester (If approved, you must maintain at least 12 credit hours.)</li> <li><input type="checkbox"/> Request a change in qualifying semester</li> </ul>
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**Leave of Absence**

Indicate the semester you are requesting a leave of absence for:  Fall _____  Spring _____	<p>Students in good scholarship standing may be approved for a leave of absence for Co-ops, military obligations, religious commitments, participation in a study abroad program, medical conditions or other exceptional mitigating circumstances. <b>A leave of absence request must be submitted prior to your departure.</b> A leave of absence request that has not been approved prior to a student's exit of the University may not be approved.</p> <p>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 maintenance requirements for your scholarship(s) when the leave of absence begins.</p>
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---FOR OFFICE USE ONLY

Reviewed by:	Date:	Decision:
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