



OFFICE OF FINANCIAL AID

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NSC Scholarship Exception Request 2018-2019

Use this form to request an exception to the full-time requirement for an NSC scholarship. This exception does not apply to the Millennium Scholarship or Silver State Opportunity Grant. Exceptions will be granted only when you are unable to enroll full-time due to circumstances outside of your control. Examples of this include not needing to enroll full-time in order to complete your program in your final semester, or unavailability of the only remaining courses needed for you to complete your program. Exceptions will not be approved if you choose not to enroll full-time when required courses are available. If the exception is approved, the amount of your scholarship for the term will be reduced based on the number of credits in which you are enrolled. For example, if you enroll in 6 credits instead of 12, you will receive $6 \div 12 = 50\%$ of your normal award amount.

Section 1: To be completed by student

Name: _____ NSHE ID: _____

Term (circle one): **FA 18** **SP 19** Name of Scholarship(s): _____

Reason for exception (check one):

- There are no additional courses offered at NSC needed to complete my program (go to Section 2).
- I have applied for graduation and do not need to enroll full-time in my final semester (go to Section 3).
- I am enrolled in a BAS program and co-enrolled at the College of Southern Nevada (go to Section 3).
- Other: Please attach a separate statement explaining the reason you are unable to enroll full-time (go to Section 3).

Section 2: To be completed by an NSC Academic or Faculty Advisor (call 702-992-2160 for an appointment)

I have reviewed the student's program requirements and confirm the student is enrolled in all required courses currently offered by NSC.

Advisor Signature	Date	Printed Name	NSHE ID
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Section 3: Student must sign and submit to NSC Financial Aid Office prior to the end of the semester requested.

By my signature affixed below:

1. I confirm Section 1 of this request is completed accurately to the best of my knowledge
2. I understand in order to be considered for approval, this request must be completed and submitted to NSC Financial Aid **no later than the last day** of the NSC semester indicated in Section 1.
3. I understand NSC Financial Aid will email me a copy of the reviewed request, indicating approval or denial, within 14 days of receipt.
4. I will immediately notify NSC Financial Aid if my enrollment changes at NSC.

Student Signature	Date
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Section 4: To be completed by NSC Financial Aid Office

APPROVED: \$ _____ DENIED _____

NSC FAA Signature	Date	Printed Name	NSHE ID
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