



## GEAR UP GRANT/SCHOLARSHIP PROGRAM AUTHORIZATION TO CORRECT STUDENT RECORD

If an exception occurs during the semester in which the student is currently enrolled or before the subsequent semester ends, this form is **NOT** needed and the financial aid office at the institution can make the appropriate adjustment to the student's account through normal procedures. This form is to be used by eligible institutions to document funds disbursed to students who have obtained approval to receive GEAR UP funds after the time period mentioned above. The student may be required to submit an Appeal Letter with this form indicating reason(s) for exception.

### Procedures for Exceptions:

- Step 1:** Institution determines that a student is eligible for reimbursement of GEAR UP grant funds.
- Step 2:** The financial aid office completes this form and faxes it to the GEAR UP Office at (775)-687-9250
- Step 3:** The GEAR UP staff reviews the request and documents their determination.
- Step 4:** The GEAR UP staff indicates approval or denial on the form, and signs and returns the form via fax to the eligible institution.
- Step 5:** Upon GEAR UP office approval, the eligible institution provides the student with a reimbursement.
- Step 6:** Reconciliations for past terms are provided at the regularly scheduled, "Term and Annual Reconciliations" meeting.

### College Financial Aid Office:

Eligible Institution: \_\_\_\_\_

Student Name: \_\_\_\_\_ SID #: \_\_\_\_\_

Disbursement Amount: \_\_\_\_\_

Semester Requested for Reimbursement (Fall, Spring, Summer and Year): \_\_\_\_\_

Semester Units: \_\_\_\_\_ Semester GPA: \_\_\_\_\_

Please explain extenuating circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

College Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid Officer

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

### GEAR UP Office:

Approval:    Yes    No    If no, reason: \_\_\_\_\_

Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Charlotte Curtis, GEAR UP State Coordinator

Date

FOR MORE INFORMATION CONTACT:  
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