

**NEVADA SYSTEM OF HIGHER EDUCATION  
PROCEDURES AND GUIDELINES MANUAL**

**FORMS APPENDIX**

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# NSHE NOMINATION FORM FOR REGENTS' SCHOLAR AWARD

PLEASE TYPE OR PRINT ALL RESPONSES

This form must be accompanied by a letter of nomination and any supplementary materials required by the institution for consideration for these awards.

NSHE INSTITUTION \_\_\_\_\_ ACADEMIC YEAR \_\_\_\_\_

FULL NAME OF NOMINEE \_\_\_\_\_

NICKNAME (IF NOMINEE GOES BY ANOTHER NAME) \_\_\_\_\_

CLASS STANDING & ACADEMIC MAJOR \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

*Street Address*

\_\_\_\_\_  
*City / State / Zip Code*

HOME PHONE NUMBER \_\_\_\_\_ WORK/SCHOOL PHONE NUMBER \_\_\_\_\_

*(IF APPLICABLE)*

PLEASE ATTACH A ½ PAGE BIOGRAPHY OF THE NOMINEE

(Added 6/05; A. 7/06, 9/07)

# NSHE NOMINATION FORM FOR REGENTS' RISING RESEARCHER AWARD

PLEASE TYPE OR PRINT ALL RESPONSES

This form must be accompanied by a letter of nomination and any supplementary materials required by the institution for consideration for these awards.

NSHE INSTITUTION \_\_\_\_\_ ACADEMIC YEAR \_\_\_\_\_

FULL NAME OF NOMINEE \_\_\_\_\_

NICKNAME (IF NOMINEE GOES BY ANOTHER NAME) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

*Street Address*

\_\_\_\_\_  
*City / State / Zip Code*

HOME PHONE NUMBER \_\_\_\_\_ WORK/SCHOOL PHONE NUMBER \_\_\_\_\_

*(IF APPLICABLE)*

**PLEASE ATTACH A 1/2 PAGE BIOGRAPHY OF THE NOMINEE TO INCLUDE THE INFORMATION ON WHICH THE NOMINATION OF THE FACULTY MEMBER IS BASED.**

(Added 2/09)



# Honorary Degree

# Nomination Form

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1. Degree to be Awarded:

\_\_\_Honorary Doctorate \_\_\_Honorary Baccalaureate\_\_\_Honorary Associate

2. Please state the name and address of your nominee for an Honorary Degree.

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3. Honorary degrees shall be awarded to persons who have made significant contributions to the improvement of the quality of academic programs and academic life at one of the NSHE's institutions. Persons currently holding public elected office are not eligible for the degree except in extraordinary circumstances.

What are your reasons for nominating this person? (Attach additional pages, if necessary.)

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\_\_\_\_\_  
President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Institution

(B/R 3/03; Added 6/05)





# Declaration of Intent of Residency

I hereby declare that I have abandoned any domicile or residence in any state or commonwealth of the United States of America other than the State of Nevada and I further certify that I have established a bona fide domicile or residence in the State of Nevada with the intent of making Nevada my true, fixed and permanent home and place of habitation, having clearly abandoned my former domicile or residence and having no intent to make any other location outside the State of Nevada my home and habitation.

I further certify that I have been domiciled or a resident in the State of Nevada for at least twelve (12) months immediately prior to the date of my application for reclassification to resident student status and that, therefore, I have been physically present and residing in Nevada for that entire period of time, excluding temporary, short-term absences for business or pleasure.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Type or print name

## NOTICE

Filing a false Declaration of Intent of Residency will result in the payment of nonresident tuition for the period of time a student was enrolled as a resident student and may also lead to disciplinary sanctions under Chapter Six of the Nevada System of Higher Education Code. Disciplinary sanctions include a warning, reprimand, probation, suspension or expulsion.  
(B/R 8/04; Added 6/05)

# BUILDING PLAQUE SAMPLE

Letter Size

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|                      |  |              |
|----------------------|--|--------------|
| Name                 | (NAME OF BUILDING)   | 2"           |
| Institution          | (INSTITUTION)<br>20xx  | 2"<br>2"     |
| Message              | THIS FACILITY MADE POSSIBLE THROUGH THE<br>GENEROSITY OF _____ | 3/4"<br>3/4" |
|                      | BOARD OF REGENTS 20xx-xx                                       | 1"           |
|                      | Name of Regent                      Name of Regent             | 1"           |
|                      | Name of Regent                      Name of Regent             | 1"           |
|                      | Name of Regent                      Name of Regent             | 1"           |
|                      | Name of Regent                      Name of Regent             | 1"           |
|                      | Name of Regent                      Name of Regent             | 1"           |
|                      | Name of Regent   | 1"           |
| Chancellor(s)        | _____ - CHANCELLOR   | 1"           |
| President(s)         | _____ - PRESIDENT  | 1"           |
| SPWB                 | NEVADA STATE PUBLIC WORKS BOARD                                | 3/4"         |
| Design<br>Consultant | (ARCHITECTS)   | 3/4"         |
| Governor(s)          | _____<br>Governor, State of Nevada                             |              |

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(B/R 6/85; Added 6/05)



# NEVADA SYSTEM OF HIGHER EDUCATION REQUEST FOR REHIRE OF P.E.R.S. RETIREE

Requesting Institution: \_\_\_\_\_ Department: \_\_\_\_\_

Name of Proposed PERS Rehiree \_\_\_\_\_

### COMPLETE FOR CLASSIFIED POSITIONS ONLY:

Class Title: \_\_\_\_\_

Class Code: \_\_\_\_\_ Grade: \_\_\_\_\_

Position Number: \_\_\_\_\_ Number of Current Vacancies for Class: \_\_\_\_\_

### COMPLETE FOR PROFESSIONAL POSITIONS ONLY:

Job Title \_\_\_\_\_

Position Number: \_\_\_\_\_

### COMPLETE FOR ALL POSITIONS:

Number of currently qualified & available applicants for vacancy: \_\_\_\_\_

Length of time position vacancy has been open: \_\_\_\_\_

Fully describe the recruiting efforts that have been undertaken to date:

Justification for Request:

*(i.e., what is contributing to labor shortage, criticality of filling position, special qualifications, turnover rate, length of vacancy)*

RECOMMENDED BY:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Vice President

Signature \_\_\_\_\_ Date \_\_\_\_\_

President

**TO BE COMPLETED BY NSHE DEPT. OF HUMAN RESOURCES**

Notes on Institution's Recruiting Efforts and Justification for Request:

Candidate meets PERS eligibility requirements: \_\_\_\_\_ Yes \_\_\_\_\_ No

Candidate meets minimum job qualifications: \_\_\_\_\_ Yes \_\_\_\_\_ No

Recommend Approval to Chancellor and Board of Regents: \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature \_\_\_\_\_ Date \_\_\_\_\_  
NSHE Director of Human Resources

Date Approved by Board of Regents: \_\_\_\_\_

Notification made to Public Employees Retirement System of Nevada: \_\_\_\_\_ Date \_\_\_\_\_  
*(Must occur within 10 days of Board approval)*

\_\_\_\_\_  
(Added 6/05)

# CRITICAL NEED POSITION DOCUMENTATION

## Public Employees' Retirement System of Nevada

693 W. Nye Lane, Carson City, NV 89703 (775) 687-4200 - Fax (775) 687-5131  
5820 S. Eastern Ave., Suite 220, Las Vegas, NV 89119 (702) 486-3900 - Fax (702) 678-6934  
7455 W. Washington Ave., Suite 150, Las Vegas, NV 89128 (702) 486-3900 - Fax (702) 304-0697  
Toll Free 1-866-473-7768 Website www.nvpers.org



## CRITICAL NEED POSITION DOCUMENTATION

Under the provisions of NRS 286.523 (6), a designating authority that designates a position as a critical need position shall submit to the System its written findings which support the designation on a form prescribed by the System. This form must be completed and returned to PERS along with materials requested within the body of the form and copies of the minutes from the open meeting at which the position was designated.

Agency Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Date of Designation: \_\_\_\_\_

Length of time the position has been vacant: \_\_\_\_\_

Number of employees who have left employment in the position over the past year: \_\_\_\_\_

Number of openings for the position: \_\_\_\_\_

Special educational or experience requirements for the position: \_\_\_\_\_

Description of the efforts made to recruit for the position. Please include copies of any advertising or electronic recruitment notices sent and specify the geographic areas targeted by the recruitment.

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Number of qualified candidates after all efforts of recruitment have been exhausted: \_\_\_\_\_



NEVADA SYSTEM OF HIGHER EDUCATION

Grant-in-Aid Request Form

for professional staff members, their spouses and financially dependent children

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Check the applicable box:
[ ] Current Staff [ ] Emeritus/Retired Staff [ ] Spouse
[ ] Dependent of Staff [ ] Dependent of Deceased Staff [ ] Domestic Partner

Year: 20\_\_\_\_ Semester: [ ] Fall [ ] Spring [ ] Summer -- mini, 1st, 2nd, 3rd (circle applicable Summer term)

Employee Grant-in-Aid – complete the following:

Institution Attending: [ ] UNR [ ] UNLV [ ] NSC [ ] CSN [ ] GBC [ ] TMCC [ ] WNC

Number of credits: \_\_\_\_\_ [ ] undergraduate credits \_\_\_\_\_ [ ] graduate credits
(maximum of 6 credits per semester are grant-in-aid eligible for professional employees)

Dependent/Spouse/Domestic Partner Grant-in-Aid – complete the following:

Name of Dependent: \_\_\_\_\_

Institution Attending: [ ] UNR [ ] UNLV [ ] NSC [ ] CSN [ ] GBC [ ] TMCC [ ] WNC

Relationship to current or former employee:

[ ] Spouse [ ] Domestic Partner [ ] Financially Dependent Child\* [ ] Widow/Widower

\*Dependency Declaration - initial the applicable statement.

I attest that the above-named dependent student meets the Board of Regents' definition of "financially dependent child" as a natural, adopted or step child of a professional staff member or his or her domestic partner who is not financially independent, is claimed as an exemption for federal income tax purposes under the U.S. Internal Revenue Code (26 U.S.C. § 152), and has not attained the age of 24. Dependent child's date of birth: \_\_\_/\_\_\_/\_\_\_

If over the age of 24, has served on active duty in the United States Armed Forces

I attest that the above-named student is my spouse or domestic partner.

I understand that:

- 1. The value of this fee waiver, if for a dependent, spouse or domestic partner graduate-level course, may represent taxable income to me and, as such, will be included on my form W-2;
2. No deductions for federal income tax will occur as a result of this fee waiver, but I may make adjustments to federal income tax withholding by completing and submitting a new form W-4 to the Payroll Department;
3. If I am subject to federal withholding and/or Medicare tax, the deduction(s) will be withheld based on the value of this fee waiver (subject to maximum coverage limitations).

I declare, under penalty of perjury under the law of the State of Nevada, that the foregoing is true and correct; that I have read all the qualifications above, as well as the excerpts from the Board of Regents' Handbook that are attached to this form; and that I am entitled to request Grant-in-aid for the above shown applicant(s). I understand that false representations in this certification may subject me to civil liability, disciplinary action up to and including termination, and referral to the Nevada Attorney General for criminal investigation. I also understand and agree that the Nevada System of Higher Education may request proof of dependent eligibility at any time.

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

HR (or other designated office) review of employment \_\_\_\_\_ Date \_\_\_\_\_

Reviewed and approved by immediate supervisor \_\_\_\_\_ Date \_\_\_\_\_

Entered for payment \_\_\_\_\_ Date \_\_\_\_\_

**FOR THE GRADUATING CLASS OF 2006**  
**Office of the State Treasurer**  
 Governor Guinn Millennium Scholarship Program  
 Instructions for submitting data  
**Data Requirement Form**  
**ADULT DIPLOMA ONLY**

Instructions:

| Headers       | See Instruction | Description                                 | Required Information |
|---------------|-----------------|---|----------------------|
| SSN           | Set 1           | Social Security Number                      |                      |
| HID           | Set 1           | High School Student ID Number               |                      |
| LAST          | Set 1           | Last Name                                   |                      |
| FIRST         | Set 1           | First Name                                  |                      |
| MIDDLE        | Set 1           | Middle Name                                 |                      |
| MAILING       | Set 1           | Mailing Address                             |                      |
| MAILING CITY  | Set 1           | Mailing City                                |                      |
| MAILING STATE | Set 1           | Mailing State                               |                      |
| MAILING ZIP   | Set 1           | Mailing Zip                                 |                      |
| PHONE         | Set 2           | Phone Number (include area code)            |                      |
| DOB MONTH     | Set 3           | Date of Birth (Month) ex. 01 for Jan.       |                      |
| DOB DAY       | Set 3           | Date of Birth (Day) ex. 09                  |                      |
| DOB YEAR      | Set 3           | Date of Birth (Year) ex. 1988               |                      |
| GRAD YEAR     | Set 3           | Graduation Date ( 4 digits year) ex. 2006   |                      |
| SCHOOL        | Set 4           | High School                                 |                      |
| DISTRICT      | Set 4           | School District                             |                      |
| RESIDENT      | Set 5           | 2-Year High School Residency Requirement    |                      |
| EXAM          | Set 5           | Passed Proficiency Exam                     |                      |
| GPAUN         | Set 6           | Unweighted GPA [Score] (3.10 or above only) |                      |
| GPAWT         | Set 6           | Weighted GPA [Score] (3.10 or above only)   |                      |

**ADULT DIPLOMA FORM**

**REGISTRAR'S NAME AND SIGNATURE** \_\_\_\_\_

Print Name

Signature

**PHONE NUMBER** \_\_\_\_\_

**HIGH SCHOOL** \_\_\_\_\_

**FAX STUDENT'S TRANSCRIPT WITH FORM**  
**PLEASE WRITE DIRECTLY ON THIS FORM AND FAX TO**  
**@ 702.486.3246**

**CONFIRMED WITH REGISTRAR** \_\_\_\_\_

\*See "General Instructions" regarding Adjusted Diploma recipients, F-1 Visa students, and other nonpermanent immigrant visas.

**FOR THE GRADUATING CLASS OF 2006      PLEASE NOTE CHANGES**  
**GENERAL INSTRUCTIONS**

**ADULT DIPLOMA**

When submitting your data requirements only include students who have met the following three criteria:

- Graduate with a diploma from an approved Nevada high school diploma program
- Passed all areas of Nevada High School Proficiency Exam
- Achieved at least an overall 3.10 GPA or above (weighted or unweighted)

Instruction Set 1

**Required**

SSN (Social Security Number):      Please provide if available.

HID (High School Student ID Number):      **Required**

Last, First, and Middle Names:

Mailing Address:      Please provide complete mailing address: **address, city, state, and zip code.**

**Instruction Set 2**      Phone: Please provide for if available.

**Instruction Set 3**

DOB (Date of Birth):      **Required:** Format as the following

**DOB (Month)**      **example: 01 (for Jan)**  
**DOB (Day)**      **example: 09**  
**DOB (Year)**      **example: 1988**

**Please keep DOB in this format for correct calculation.**

**GradYear:**      **Required:** Format as follows **YYYY**      **Example: 2006**

**Instruction Set 4**

School: (State Code)      **Required:** Use State of Nevada assigned code or district code. (Please provide a High School Code list if you decide to submit your district code.)

District: (State Code)      **Required:** Use State of Nevada assigned code.

**Instruction Set 5**

Resident: (Yes/ UN)      **Required:** Please enter **Yes** if you can confirm that the student has been a resident for 2 of his or her high school years (4 complete semesters). **UN** if you cannot confirm the student's residency\*.

Exam: (Yes/No)      **Required:** Please enter **Yes** if you can confirm that the student passed all areas of the exam. **No** if you confirm he or she did not pass all areas the exam.

**Instruction Set 6**

GPAUN, GPAWT:      **Required:** Please provide weighted or unweighted GPA. Please provide both if available. A student is eligible with a 3.10 weighted or unweighted GPA.

**\*Adjusted diploma recipients may be submitted if they have passed all areas of the Nevada High School Proficiency Exams; F-1 Visa students are not eligible. Please call 702-486-3383 regarding students on other non permanent immigrant visas.**

**FOR THE GRADUATING CLASS OF 2006**      *PLEASE NOTE CHANGES*

**Office of the State Treasurer**

Governor Guinn Millennium Scholarship Program

**Public and Private High School**

Data Requirement Form

F-1 Visa Students

And

Adjusted Diploma Recipients

F-1 Visa students: **Are not eligible for the Governor Guinn Millennium Scholarship.**

**Please contact our office regarding the eligibility of students with other nonpermanent immigrant visas.**

Adjusted Diplomas recipients: **In order to be eligible, students who receive an adjusted diploma must also pass all areas of the of the Nevada High School Proficiency exam.**

If you have any question regarding the above, please contact Christy Thurston at (702) 486-3383.

**FOR THE GRADUATING CLASS OF 2006**  
**Office of the State Treasurer**  
**Governor Guinn Millennium Scholarship Program**  
 Public and Private High School  
 Instructions for submitting data  
**Data Requirement Form**  
**STANDARD/ADVANCED DIPLOMA ONLY**

Instructions:

| Headers      | See Instruction | Description                                  | Format |
|--------------|-----------------|--|--------|
| SSN          | Set 1           | Social Security Number                       |        |
| HID          | Set 1           | High School Student ID Number                |        |
| LAST         | Set 1           | Last Name                                    |        |
| FIRST        | Set 1           | First Name                                   |        |
| MIDDLE       | Set 1           | Middle Name                                  |        |
| MAILING      | Set 1           | Mailing Address                              |        |
| MAILINGCITY  | Set 1           | Mailing City                                 |        |
| MAILINGSTATE | Set 1           | Mailing State                                |        |
| MAILINGZIP   | Set 1           | Mailing Zip                                  |        |
| PHONE        | Set 2           | Phone Number (include area code)             |        |
| DOB Month    | Set 3           | Date of Birth (Month) ex. 01 for Jan         |        |
| DOB Day      | Set 3           | Date of Birth (Day) ex. 09                   |        |
| DOB Year     | Set 3           | Date of Birth (Year) ex. 1988                |        |
| GRADYEAR     | Set 3           | Graduation Date (4 digit year) example: 2006 |        |
| SCHOOL       | Set 4           | High School                                  |        |
| DISTRICT     | Set 4           | School District                              |        |
| RESIDENT     | Set 5           | 2-Year High School Residency Requirement     |        |
| EXAM         | Set 5           | Passed Proficiency Exam                      |        |
| GPAUN        | Set 6           | Unweighted GPA [Score] (3.10 and above only) |        |
| GPAWT        | Set 6           | Weighted GPA [Score] (3.10 and above only)   |        |

**STANDARD/ ADVANCED DIPLOMA FORM**

**REGISTRAR OR SCHOOL OFFICIAL: NAME AND SIGNATURE**

|                           |                  |
|---------------------------|------------------|
|                           |                  |
| <b>Print Name</b>         | <b>Signature</b> |
| <b>PHONE NUMBER</b> _____ |                  |

**HIGH SCHOOL** \_\_\_\_\_

**FAX STUDENT TRANSCRIPT WITH FORM**  
**PLEASE WRITE DIRECTLY ON THIS FORM AND FAX TO**  
**@ 702.486.3246**

**CONFIRMED WITH REGISTRAR** \_\_\_\_\_

**\*See "General Instructions" regarding Adjusted Diploma recipients, F-1 Visa students, and other nonpermanent immigrant visas students.**



**FOR THE GRADUATING CLASS OF 2006**  
**GENERAL INSTRUCTIONS**

**STANDARD/ ADVANCED DIPLOMA FORM**

When submitting your district data, list only students who have met the following three criteria:

- Graduated with a diploma from a Nevada public or private high school
- Passed all areas of the Nevada High School Proficiency Exam
- Achieved at least an overall 3.10 GPA or above (weighted or unweighted)

**Instruction Set 1**

SSN (Social Security Number): Please provide if available.

HID (High School Student ID Number): Please provide if available.

Last, First, and Middle Names: **Required**

Mailing Address: Please provide complete mailing address: **address, city, state and, zip code.**

**Instruction Set 2**

Phone: Please provide if available.

**Instruction Set 3**

DOB (Date of Birth): **Required:** Format as the following:

**DOB (Month)**

**example: 01 (for Jan)**

**DOB (Day)**

**example: 09**

**DOB (Year)**

**example: 1988**

**Please keep DOB in this format for correct calculation.**

**GradYear:**

**Required: Format as follows YYYY**

**Example: 2006**

**Instruction Set 4**

School: [State Code]

**Required:** Use State of Nevada assigned code or district code. (Please provide a High School Code list if you decide to submit your district code.)

District: [State Code]

**Required:** Use State of Nevada assigned code.

**Instruction Set 5**

Resident: [Yes/UN]

**Required:** Please enter **Yes** if you can confirm that the student has been a resident for 2 of his or her high school years (4 complete semesters). **UN** if you cannot confirm the student's residency\*.

Proficiency Exam: [Yes/No]

**Required:** Please enter **Yes** if you can confirm that the student passed all areas of the exam. **No** if you confirm he or she did not pass all areas of the exam.

**Instruction Set 6**

**GPAUN, GPAWT:**

**Required:** Please provide weighted or unweighted GPA. Please provide both if available. A student is eligible with a 3.10 weighted or unweighted GPA.

\*Adjusted diploma recipients may be submitted if they have passed all areas of the Nevada High School Proficiency Exams; F-1 Visa students are not eligible. Please call 702-486-3383 regarding students on other nonpermanent **immigrant visas**

**FOR THE GRADUATING CLASS OF 2006**

**Office of the State Treasurer**

Governor Guinn Millennium Scholarship Program

**Public and Private High School**

Data Requirement Form

F-1 Visa Students

And

Adjusted Diploma Recipients

F-1 Visa students: **Are not eligible for the Governor Guinn Millennium Scholarship.**

**Please contact our office regarding the eligibility of students on other nonpermanent immigrant visas.**

Adjusted Diplomas recipients: **In order to be eligible, students who receive an adjusted diploma must also pass all areas of the of the Nevada High School Proficiency exam.**

If you have any question regarding the above, please contact Christy Thurston at (702) 486-3383.

# NOW ONLINE!!!

## *Students Can Now Submit Acknowledgement of Award Forms ONLINE!*

Submit your Acknowledgment of Award form online at:

<http://NevadaTreasurer.gov>

1. Click on the Millennium Scholarship icon.
2. Click on “Submit your Acknowledgment of Award Online” and follow instructions.

- ✓ Please ***DO NOT*** return the Acknowledgment of Award form by mail if you submit the document online.
- ✓ To find your Millennium Scholarship ID Number (MSID), please check your Award Certificate.

*Questions?* Please e-mail us at:  
Support-Millennium\_Scholarship@NevadaTreasurer.gov or  
call toll-free 888-477-2667; in southern Nevada call 486-3383.

**Governor Guinn Millennium Scholarship Program  
Initial Eligibility Appeal Form**

**Millennium Scholarship: Policy and Procedures**  
Board of Regents' Handbook  
Title 4, Chapter 18, Section 19

19.1 Eligibility requirements for Nevada high school graduates.

- 19.1.1 To be eligible for a Governor Guinn Millennium Scholarship, a student must meet all of the following requirements:
- a. graduate<sup>1</sup> with a diploma from a public or private high school in Nevada after May 1, 2000<sup>2</sup>;
  - b. complete high school, with at least a 3.0 weighted or unweighted grade-point average, on a 4.0 scale in the core curriculum as defined in section 19.1.2 if the student graduated prior to the graduating class of 2005;
  - c. complete high school, with at least a 3.1 weighted or unweighted grade point average, on a 4.0 grading scale in the core curriculum as defined in section 19.1.2, if the student was a member of the graduating class of 2005 or 2006; or
  - d. complete high school, with at least a 3.25 weighted or unweighted grade-point average, on a 4.0 grading scale in the core curriculum as defined in section 19.1.2, if the student would have been a member of the graduating class of 2007 or a later graduating class.
  - e. pass all areas of the Nevada High School Proficiency Examination; and
  - f. have been a resident of Nevada, as defined by the residency requirements in Title 4, Chapter 15, for at least two years of high school.

- 19.1.2 All high school credit bearing courses accepted toward fulfilling the high school's graduation requirements will be used in calculating the final grade point average.

19.2 Eligibility requirements for students who are not high school graduates.

- 19.2.1 To be eligible for a Governor Guinn Millennium Scholarship, a student who is not a high school graduate must meet all of the following requirements:
- a. would have graduated from high school after May 1, 2000 had the student been enrolled in high school;
  - b. receive an enhanced ACT composite score of 21 or higher or a combined recentered SAT score of 990 or higher;
  - c. have at least a 3.0 weighted or unweighted grade point average on a 4.0 grading scale in all courses completed in a Nevada high school as defined in section 18.1.2 if the student graduated prior to the graduating class of 2005;
  - d. have at least a 3.10 weighted or unweighted grade-point average on a 4.0 grading scale in all courses completed in a Nevada high school as defined in section 18.1.2 if the student was a member of the graduating class of 2005 or 2006; or
  - e. have at least a 3.25 weighted or unweighted grade-point average on a 4.0 grading scale in all courses completed in a Nevada high school as defined in section 18.1.2 if the student was a member of the graduating class of 2007 or a later graduating class;
  - f. pass all areas of the Nevada High School Proficiency Examination; and
  - g. have been a resident of Nevada, as defined by the residency requirements in Title 4, Chapter 15, for at least two years of the normal years of high school attendance.

19.3 Eligibility requirements for students whose family or legal guardian is a resident of the State of Nevada and who graduate from high school out-of-state.

- 19.3.1 To be eligible for a Millennium Scholarship, a student who is not a Nevada high school graduate, but whose family or legal guardian is a resident of the State of Nevada, must meet all of the following requirements:
- a. Graduate with a diploma from a public or private high school after May 1, 2000;
  - b. Complete high school, with at least a 3.0 weighted or unweighted grade point average, on a 4.0 grading scale in the core curriculum as defined in section 18.1.2 if the student graduated prior to the graduating class of 2005;
  - c. Complete high school, with at least a 3.1 weighted or unweighted grade point average, on a 4.0 grading scale in the core curriculum as defined in section 18.1.2 if the student was a member of the graduating class of 2005 or 2006; or
  - d. Complete high school, with at least a 3.25 weighted or unweighted grade point average, on a 4.0 grading scale in the core curriculum as defined in section 18.1.2 if the student was a member of the graduating class of 2007 or a later graduating class;
  - e. Pass all areas of the Nevada High School Proficiency Examination, and
  - f. Establish residency by:
    1. Providing evidence that a parent has been a resident of the State of Nevada, as defined by the residency requirements in Title 4, Chapter 15, for the last two years of the student's high school attendance and verifying financial dependence on the parent, or
    2. Providing evidence that a parent who is a member of the Armed Forces of the United States, on active duty, and stationed outside Nevada as a result of a permanent change of duty station pursuant to military orders, was a resident of the State of Nevada at the time of enrollment in the Armed Forces and has continued to maintain Nevada as the official state of residence.

**The Governor Guinn Millennium Scholarship Appeals Committee cannot waive these requirements.** If you feel a factual error has been made regarding your eligibility, please complete the information on pages 3 and 4 of this form and submit it with the appropriate documentation.

<sup>1</sup> Students who graduate with a diploma from a program for adult learners are eligible for the Millennium Scholarship if (1) received their high school diploma within four years of the regularly scheduled graduation date of their class, and (2) meet the remaining conditions of 19.1.1.

<sup>2</sup> Students who graduate with the class of 2000 are eligible for a Millennium Scholarship regardless of when they completed their course work.

**Governor Guinn Millennium Scholarship Program  
Initial Eligibility Appeal Form**

AN (System Assigned)

Student Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date \_\_\_\_\_

(Please Print or Type)

Mailing Address \_\_\_\_\_ Phone No. \_\_\_\_\_

High School \_\_\_\_\_ Cumulative GPA \_\_\_\_\_ Graduation Date \_\_\_\_\_

1. Please check:

\_\_\_ An error was made in the calculation of my GPA and my high school is sending supporting documentation.

\_\_\_ An error was made in my Nevada High School Proficiency Exam scores and the testing agency is sending supporting documentation.

\_\_\_ An error was made in my ACT/SAT scores and the testing agency is sending supporting documentation.

\_\_\_ An error was made in the determination of my Nevada two year residency. I have completed the Declaration of Residency (page 4) and attached supporting documentation. If I am using high school transcripts to establish residency, my high school is sending official transcripts directly to the Governor Guinn Millennium Scholarship Appeals Committee address below.

2. On the lines below, or on an attached sheet of paper, write in your own words the factual basis for your appeal and attach supporting documentation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Submit this form and other appropriate documentation supporting your appeal to:

Governor Guinn Millennium Scholarship Appeals Committee  
NSHE Administration Office  
2601 Enterprise Road  
Reno, Nevada 89512  
FAX 775-784-1127

4. Within 30 days of receipt of this form, you will be contacted regarding the status of your appeal and further instructions.

\* \* \*

A hearing may be scheduled regarding your appeal, if necessary. Notice of an appeal hearing is required as described below. In order to expedite your appeal, you may wish to waive the notice requirement. If you do not wish to waive the notice requirement, it will not affect the outcome of your appeal. Please carefully read the following information:

I understand that in order to protect my privacy, an appeal will be heard by the Governor Guinn Millennium Scholarship Appeals Committee in a closed session. I further understand that in accordance with NRS 241.033, I am entitled to receive notice of the date and time of the hearing by certified mail 21 working days before the meeting or by personal delivery to me 5 working days before the meeting.

By signing below, I hereby waive this notice requirement and request that the appeal be heard by the Committee as soon as possible. I understand that I will be notified of the date and time the appeal will be heard.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

**Governor Guinn Millennium Scholarship Program  
Initial Eligibility Appeal Form**

Complete this section if a factual error has been made in the determination of your residency status and attach documentation that presents evidence of Nevada residency. Examples of factors which may be considered when reviewing an appeal for Nevada residency are provided below the Declaration of Residency section. **If you are a graduate of an out-of-state high school and are claiming Nevada residency through a parent, you must also attach copies of your parent's tax returns with you listed as a dependent for two years immediately prior to this appeal, in addition to any other documents supporting your parent's Nevada residency.**

**Declaration of Residency**

I hereby declare that I or my parents have abandoned any domicile or residence in any state or commonwealth of the United States other than the State of Nevada and I further certify that I or my parents have established a bona fide domicile or residence in the State of Nevada with the intent of making Nevada our true, fixed and permanent home and place of habitation, having clearly abandoned our former domicile or residence and having no intent to make any other location outside the State of Nevada my home and habitation.

I further certify that my parents or I have been domiciled or a resident in the State of Nevada for at least two years during high school or during the normal years of high school attendance and that, therefore, we have been physically present and residing in Nevada for that entire period of time, excluding temporary, short-term absences for business or pleasure.

Signing a Declaration of Residency is not conclusive proof of residency and is only a factor to be considered under the Regulations for Determining Residency and Tuition Charges, as set forth in Title 4, Chapter 15 of the Board of Regents Policy Statements.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

Notice

Filing a false Declaration of Residency will result in the re-payment of the Governor Guinn Millennium Scholarship, loss of eligibility for the Governor Guinn Millennium Scholarship, payment of non-resident tuition for the period of time the student was enrolled as a resident student and may also lead to disciplinary sanctions under Chapter Six of the University and Community College System of Nevada Code. Disciplinary sanctions include a warning, reprimand, probation, suspension or expulsion.

The following are factors which may be considered for Nevada residency for purposes of the Governor Guinn Millennium Scholarship:

- a. Continuous presence in Nevada for two years.
- b. Employment in Nevada for two years immediately prior to the date of this appeal, including the last year of high school.
- c. Conducting a business in Nevada.
- d. Admission to a licensed practicing profession in Nevada.
- e. Registration or payment of taxes or fees on motor vehicle, mobile home, travel trailer, boat or any other item of personal property owned or used by the person, for which state registration or payment of state tax or fee is required for two years immediately prior to the date of this appeal.
- f. Ownership, alone or with a spouse, of a home in Nevada.
- g. Address listed on a true and correct copy of a federal income tax return for the two calendar years immediately prior to the date of this appeal.
- h. Address listed on selective service registration.
- i. Active member in professional, business, civic, social or other organizations located in Nevada.
- j. Maintaining active savings and checking accounts in Nevada financial institutions for at least two years immediately prior to this appeal.

If you have questions about eligibility for a Governor Guinn Millennium Scholarship, please contact the Governor Guinn Millennium Scholarship office in Las Vegas, 702-486-3383 or toll free in State, 1-888-477-2667, or email: millennium@NevadaTreasurer.gov. If you have specific questions about your appeal, please contact the UCCSN Administration office Reno, 775-784-4901.

**Governor Guinn Millennium Scholarship Program  
Military Duty Application for Extension**

**Millennium Scholarship: Policy and Procedures**

Board of Regents' Handbook

Title 4, Chapter 18, Section 19

19.6 Millennium Scholarship lifetime limits

- 19.6.1 The maximum total Millennium Scholarship award is \$10,000.
- 19.6.2 All qualified students, who graduated from high school on or before May 1, 2003, may receive a Millennium Scholarship during the eight academic years following (a) their high school graduation date<sup>[3]</sup> or (b) the date when they satisfied the requirements of section 19.2.
- 19.6.3 All qualified students, who graduated from high school after May 1, 2003, may receive a Millennium Scholarship during the six academic years following (a) their high school graduation date<sup>[4]</sup> or (b) the date when they satisfied the requirements of section 19.2.

(B/R 8/03)

An exception to the limitations of 19.6.2 and 19.6.3 is made for qualified students who serve on active duty in the United States Armed Forces. Time served on active duty, not to exceed six years, will not apply to the limitations in 19.6.2 and 19.6.3.

(B/R 8/03)

<sup>3</sup> In the case of a student graduating from a program for adult learners (see section 18.1.1), on or before May 1, 2003, the eight-year period is the period following the regularly scheduled graduation date of the student's original high school class. (B/R 8/03)

<sup>4</sup> In the case of a student graduating from a program for adult learners (see section 18.1.1), on or before May 1, 2003, the six-year period is the period following the regularly scheduled graduation date of the student's original high school class. (B/R 8/03)

**Governor Guinn Millennium Scholarship Program  
Military Duty Application for Extension**

AN (System Assigned)

Student Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date \_\_\_\_\_

**(Please Print or Type)**

**Mailing Address** \_\_\_\_\_

**Phone No.** \_\_\_\_\_ **High School** \_\_\_\_\_ **Graduation Date** \_\_\_\_\_

1. Please check:

\_\_\_ An extension is requested to the academic year limit to receive the Millennium Scholarship because of military duty pursuant to Board of Regents Handbook Title 4, Chapter 18, Section 19.6.

2. Attach supporting documentation. Examples of supporting documentation include: DD-214(Discharge orders) –OR- a copy of activation orders –OR- Temporary Duty Assignment (TDY) orders.

3. Submit this form and other appropriate documentation supporting your appeal to:

Governor Guinn Millennium Scholarship Appeals Committee  
NSHE Administration Office  
2601 Enterprise Road  
Reno, Nevada 89512  
FAX 775-784-1127

5. Within 30 days of receipt of this form, you will be contacted regarding the status of your application and further instructions.

\* \* \*

A hearing may be scheduled regarding your appeal, if necessary. Notice of an appeal hearing is required as described below. In order to expedite your appeal, you may wish to waive the notice requirement. If you do not wish to waive the notice requirement, it will not affect the outcome of your appeal. Please carefully read the following information:

I understand that in order to protect my privacy, an appeal will be heard by the Governor Guinn Millennium Scholarship Appeals Committee in a closed session. I further understand that in accordance with NRS 241.033 and NRS 241.034, I am entitled to receive notice of the date and time of the hearing by certified mail 21 working days before the meeting or by personal delivery to me 5 working days before the meeting. By signing below, I hereby waive this notice requirement and request that the appeal be heard by the Committee as soon as possible. I understand that I will be notified of the date and time the appeal will be heard.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

**For NSHE System Administration Use ONLY:**

Approved: \_\_\_ Yes \_\_\_ No If not, state reason: \_\_\_\_\_

Discharge documentation submitted \_\_\_ Yes \_\_\_ No Date \_\_\_\_\_

Entered By: \_\_\_\_\_ Title: \_\_\_\_\_

Hearing recommended: \_\_\_ Yes \_\_\_ No If not, state reason: \_\_\_\_\_

Date Student Notified: \_\_\_\_\_ Date Copy sent to Treasurer's Office: \_\_\_\_\_

Number of years to extend Millennium Scholarship: \_\_\_\_\_



# GOVERNOR GUINN MILLENNIUM SCHOLARSHIP PROGRAM

A Partnership between the Office of the State Treasurer, the Nevada System of Higher Education and Sierra Nevada College

## Millennium Students with Documented Disabilities Form

### Title 4, Chapter 19

This form may be used by Governor Guinn Millennium Scholarship students enrolled in a degree or certificate program at an eligible institution who are requesting to enroll with Governor Guinn Millennium Scholarship support in fewer than the minimum semester credit hours or an extension of the expiration date for funding. As stated in the NSHE Governor Guinn Millennium Scholarship Policy and Procedures of the Board of Regents:

*19.9 ... Students who have documented physical or mental disabilities or who were previously subject to an individual education program under the Individual with Disabilities with Education Act, 20 U.S.C. §§ 1400 et seq., or plan under Title V of the Rehabilitation Act of 1973, 29 U.S.C. §§ 791 et. seq. are to be determined by the institution to be exempt from the following Millennium Scholarship eligibility criteria:*

- a. application limitation following high school graduation set forth in section 19.1.3;
- b. minimum semester credit hour enrollment levels set forth in section 19.5 and 19.13©; and
- c. time limits for expending funds set forth in sections 19.6.2 and 19.6.3

### STUDENT SECTION:

#### Instructions

**Step 1:** Complete this form with the Student Disabilities Officer of your institution. You must **recertify** with the Student Disabilities Office each semester.

**Step 2:** Submit this form to the Financial Aid Office of your institution.

**Step 3:** The Financial Aid Office at the institution will submit this form and required documentation to the Governor Guinn Millennium Scholarship Program at the Office of the State Treasurer. Once approved, the Financial Aid Office of your institution will make payment from your scholarship for the coursework at that institution.

Name of Institution \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Permanent Address: \_\_\_\_\_

SSN# \_\_\_\_\_ Millennium Scholarship ID # \_\_\_\_\_

Semester and Year of Request \_\_\_\_\_

If approved, I understand that I will be paid my Governor Guinn Millennium Scholarship for the number of approved credits at this campus at the appropriate per credit amount.

- I must satisfactorily earn credit for all course work funded and approved on the "Documented Disabilities" form.
- I must maintain a cumulative 2.0 GPA if eligible on or before May 1, 2003; maintain a 2.60 semester grade point average each semester during my first year of enrollment (first year is defined as less than 30 credit hours earned) or a 2.75 semester grade point average for each semester thereafter.
- Failure to meet the requirements of this agreement will result in my ineligibility for the scholarship. I must then follow the procedure for reinstatement.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### DISABILITY RESOURCE CENTER SECTION:

Semester and Year Approved \_\_\_\_\_ Number of Approved Credits: \_\_\_\_\_

Disability Resource Official Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone \_\_\_\_\_

### For Financial Aid Office Use ONLY:

Approved:  Yes  No If not, state reason: \_\_\_\_\_

Approved By: \_\_\_\_\_ Title: \_\_\_\_\_

Date copy sent to Treasurer's Office \_\_\_\_\_

# GOVERNOR GUINN MILLENNIUM SCHOLARSHIP PROGRAM

A Partnership between the Office of the State Treasurer, the Nevada System of Higher Education, and Sierra Nevada College

## DUAL ENROLLMENT FORM

This form is used by Governor Guinn Millennium Scholarship students enrolled in a degree or certificate program at an eligible institution to request to enroll with Millennium Scholarship support at another eligible institution for required coursework. As stated in the NSHE Governor Guinn Millennium Scholarship Policy and Procedures of the Board of Regents:

*19.9 ... An exception to the requirements of 19.5 is made for a student who is a Governor Guinn Millennium Scholar at an institution where a course not taught by that institution is a requirement of the student's program. In that case, the required course, with the approval of the student's institution, may be taken with Millennium Scholarship support at a different eligible institution."*

The "home institution" is the eligible university/college from which you intend to receive your degree. That institution requires course(s) for the degree you are pursuing that are **never offered at that institution**.

The "host institution" is the eligible college/university that offers that required course(s). You will complete the course(s) and transfer the credit(s) to the "home institution".

### **STUDENT SECTION:**

#### **Instructions**

**Step 1:** Register for the courses at both institutions.

**Step 2:** Complete the following information and submit this form to the Financial Aid Office of your **HOME** institution. Attach a copy of the "requirements for graduation" sheet or verification from your academic advisor that the course is required but never offered on your campus.

**Step 3:** The Financial Aid Office of the **Home** institution will notify you, the **Host** institution and the Governor Guinn Millennium Scholarship Program at the Office of the State Treasurer of the decision. If your request is approved, the Financial Aid Office of the **HOST** institution will remit your scholarship for the coursework at that institution.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

SSN#: \_\_\_\_\_ Millennium Scholarship ID #: \_\_\_\_\_

Semester/Year of Request: \_\_\_\_\_

#### HOME Institution

Name of University/College: \_\_\_\_\_ Major and degree: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_ Number of Credits for which you have registered this semester: \_\_\_\_\_

#### HOST Institution

Name of University/College: \_\_\_\_\_

Title and Number of the Required Course(s): \_\_\_\_\_

Number of Required Credits: \_\_\_\_\_

If approved, I understand that I will be paid my Governor Guinn Millennium Scholarship by each institution for the credits taken at their campus at the appropriate per credit amount.

- I must satisfactorily complete any course work funded and approved on the "Dual Enrollment" form.
- I must earn a minimum total of 12 credits between the two institutions.
- I must maintain a cumulative 2.0 gpa if eligible on or before May 1, 2003; maintain a 2.60 semester grade point average each semester during my first year of enrollment (first year is defined as less than 30 credit hours earned) or a 2.75 semester grade point average for each semester thereafter at the Home and Host Institutions.
- Failure to meet the requirements of this agreement will result in my ineligibility for the scholarship. I must then follow the procedure for reinstatement.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

#### **For Financial Aid Office Use ONLY:**

##### **HOME Institution:**

Approved: \_\_\_ Yes \_\_\_ No If not, state reason: \_\_\_\_\_

Approved By: \_\_\_\_\_ Title: \_\_\_\_\_

Date Student Notified: \_\_\_\_\_ Date Copy sent to Treasurer's Office: \_\_\_\_\_ Date Copy sent to Host Institution: \_\_\_\_\_

##### **HOST Institution:**

Date Received from Home Institution: \_\_\_\_\_

# GOVERNOR GUINN MILLENNIUM SCHOLARSHIP PROGRAM

A Partnership between the Office of the State Treasurer, NSHE, and Sierra Nevada College

## 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 Governor Guinn Millennium Scholarship funds after the time period mentioned above. (100% REFUNDS and INCOMPLETE GRADES need to be submitted on FORM 1B.)

### Procedures for Exceptions:

**Step 1:** Institution determines that a student is eligible for reimbursement of Governor Guinn Millennium Scholarship funds.

**Step 2:** The financial aid office completes this form and faxes it to the Governor Guinn Millennium Scholarship Program in the Office of the State Treasurer, fax number 702-486-3246.

**Step 3:** The Treasurer's staff reviews the request and documents their determination in INSTEP.

**Step 4:** The Treasurer's staff indicate approval or denial on the form, sign and return the form via fax to the eligible institution.

**Step 5:** Upon receipt of Treasurer's Office approval, the eligible institution provides the student with a reimbursement.

**Step 6:** NSHE institutions fax the form to NSHE System Administration financial representative Gordon Hill, fax number 775-784-1127. Sierra Nevada College provides a copy to financial representative Julie Beckman.

**Step 8:** Reconciliations for past terms are provided at the regularly scheduled "Term and Annual Reconciliations."

### College Financial Aid Office:

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

Student Name: \_\_\_\_\_

MSID #: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Semester Requested for Reimbursement (list Fall and/or Spring and Year): \_\_\_\_\_

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

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

Financial Aid Officer

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

### Treasurer's Office:

Treasurer's Office Approval: Yes No If no, reason: \_\_\_\_\_

Treasurer's Office Official Signature: \_\_\_\_\_

Governor Guinn Millennium Scholarship Program  
Executive Director

Date

*Please attach at copy of the student's "took" screen for the appropriate term and fax to (702) 486-3246, attention Christy Thurston.*

**GOVERNOR GUINN MILLENNIUM SCHOLARSHIP PROGRAM**  
**A Partnership between the Office of the State Treasurer, NSHE, and Sierra Nevada College**  
**100 % REFUND AND INCOMPLETE GRADES**

**100% REFUND\***

**Procedures for 100% Refund:**

**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.**

**Step 1:** Institution determines a student is eligible for a full refund, based upon approval of campus committee, and submits this form to the State Treasurer's Office.

**Step 2:** State Treasurer's Office reviews the information.

**Step 3:** Institution processes refund.

**Step 4:** State Treasurer's Office, Program Officer I, grants student an appeal in INSTEP.

**Step 5:** State Treasurer's Office, Program Officer I, corrects student record in INSTEP, and records full refund explanation in INSTEP under "NOTES".

**Institution** \_\_\_\_\_

**Term:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Name (last, first):** \_\_\_\_\_

**MSID#:** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

**Dollar Amount:** (Credited by the Institution) \$ \_\_\_\_\_ **Date Credited:** \_\_\_\_\_

**Justification:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Approved By:** \_\_\_\_\_  
 Financial Aid Director or Designee State Treasurer's Staff

**\*Official documentation for students who receive campus committee approval for an exception to the 100% refund deadline must be submitted prior to the annual reconciliation deadline for that term. Manual adjustments are not permitted after that deadline. State Treasurer's staff will enter information in NOTES in Instep.**

**INCOMPLETE GRADES**

**Procedures for Converting Incomplete Grades Manually after SIS/INSTEP Deadline:**

**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.**

**Step 1:** Institution determines a student has had an "incomplete" converted to a letter grade.

**Step 2:** Institution submits this form to State Treasurer's Office.

**Step 3:** State Treasurer's Office confirms accuracy of data submitted with campus representative.

**Step 4:** Institution sends confirmation of disbursement to State Treasurer's Office.

**Step 5:** State Treasurer's Office manually updates student record and puts explanation in INSTEP under "NOTES".

**Institution:** \_\_\_\_\_

**Term:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Name (last, first):** \_\_\_\_\_

**MSID#:** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

**Dollar Amount:** (Credited by the Institution) \$ \_\_\_\_\_ **Date Credited:** \_\_\_\_\_

**Justification:** \_\_\_\_\_  
 \_\_\_\_\_

**Approved By:** \_\_\_\_\_  
 Institution Official Signature State Treasurer's Staff

**Please attach a copy of the student's "took" screen for the appropriate term and fax to (702) 486-3246, attention Christy Thurston**

*June 2006*

# GOVERNOR GUINN MILLENNIUM SCHOLARSHIP PROGRAM

## ACKNOWLEDGMENT OF AWARD

Classes of 2000, 2001, 2002, 2003 (on or before May 1, 2003)

**(Please complete this form online or return this copy to the Office of State Treasurer Brian K. Krolicki)**

By signing and returning this form you are acknowledging acceptance of the Millennium Scholarship and the policies that govern the scholarship. The policies governing your award are those contained in the *Millennium Scholarship Policy and Procedures of the Board of Regents*, which can be located on our website <http://NevadaTreasurer.gov>. Central elements of the Regents' policy are summarized below. During the period of your eligibility as a Millennium Scholar, information about you will be shared between the State Treasurer's Office and eligible institutions. (\_\_\_\_ initial here)

### SCHOLARSHIP AWARD\*

- I may use the scholarship for undergraduate study at any eligible institution listed on the student copy of the *Acknowledgement of Award* form.
- I must be enrolled in a program leading to a recognized associate degree, baccalaureate degree or pre-baccalaureate certificate.
- To receive the scholarship I must enroll in a minimum of 6 credits per semester at a NSHE community college or 12 credits at another eligible institution. **(Effective Fall 2005, students will no longer be able to use Millennium Scholarship funds to pay for remedial classes. Check with your institution to identify remedial courses.)**
- The dollars awarded per credit hour are: a) \$40 in lower division courses and \$60 in upper division courses at a NSHE community college; b) \$60 per credit at a NSHE state college and c) \$80 per credit at another eligible institution. **(Effective January 1, 2006, Millennium funding is limited to a maximum of 12 credits per semester counting coursework at all institutions.)**
- I have **eight** years following my high school graduation date to use my scholarship, or for a non-traditional adult learner **eight** years after the expected graduation date of his or her original high school class for those regularly scheduled to graduate after May 1, 2000.
- The lifetime total amount of the scholarship is \$10,000.
- The scholarship will be applied to my eligible institution at the beginning of each semester (excluding summer) to pay for my fees and other eligible institution or college financial obligations. If the scholarship is less than my total institutional financial obligation, I will pay the balance according to the policies of the eligible institution I attend. **(Summer school will be funded. For procedures check online at <http://NevadaTreasurer.gov>.)**
- If I have been offered other financial assistance, my financial assistance may be revised to accommodate the Millennium Scholarship.
- I am responsible for obtaining academic advisement at the campus I attend.
- I am responsible for checking the State Treasurer's website or calling the Millennium Scholarship Program for current information. (\_\_\_\_ initial here)

### MAINTAINING ELIGIBILITY\*

- To maintain eligibility for the scholarship each semester (excluding summer), I must meet the following criteria at each institution where I am receiving Millennium Scholarship funds:
  - (1) **satisfactorily complete the minimum number of required credits each semester** (see above);
  - (2) **maintain a cumulative 2.0 GPA\***; and
  - (3) **make satisfactory progress** toward a recognized associate degree, baccalaureate degree or pre-baccalaureate certificate.
- If I become ineligible for the scholarship at any eligible institution, I am ineligible at all eligible institutions. Failure to meet the requirements for maintaining eligibility of the Millennium Scholarship is not subject to appeal. (\_\_\_\_ initial here)

### REGAINING ELIGIBILITY

- **As of Fall 2005, all Millennium Scholars will be able to regain their scholarship only one time after losing eligibility. If a student loses eligibility a second time, the student will no longer be eligible. For detailed information on regaining eligibility please check online at <http://NevadaTreasurer.gov>. (\_\_\_\_ initial here)**

### NAMES OF MILLENNIUM SCHOLARS – PUBLIC RELEASE

In some circumstances it may be desirable to publicize the names of individuals who have earned a Millennium Scholarship. However, individual names will only be made public with the consent of the Millennium Scholar. **Circle 'yes' if you are willing to have your name released, 'no' if you do not want your name**

**released.** Your decision on this matter is in no way connected to your receipt of the Millennium Scholarship. **YES NO** (\_\_\_\_ initial here)

In accepting the award, I acknowledge and understand all of the conditions stated above. **I understand and agree that my rights, obligations and benefits as a Millennium Scholar are subject to any changes in state law, policies adopted by the NSHE Board of Regents, availability of funding and any related matters hereto. (\_\_\_\_ initial here)**

I understand and have met all eligibility requirements. I understand that if I have not met all requirements and funds have been disbursed, I may be responsible for repayment of these funds to the State Treasurer's Office.

**This award is contingent upon the Board of Regents' certification of your eligibility consistent with applicable law. Millennium Scholarship Identification Number (Msid#) -please refer to your award certificate) \_\_\_\_\_**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name (Please print clearly) \_\_\_\_\_

Address \_\_\_\_\_

(Street) (City) (State) (Zip)

*This is my new, permanent address. Please update your records.*

**Date of Birth** \_\_\_\_\_ **SSN#** \_\_\_\_\_ **Telephone** \_\_\_\_\_

- **At this time I intend to enroll as a degree-seeking student at the following institution(s):** Community College of Southern Nevada \_\_\_\_\_, Great Basin College \_\_\_\_\_, Nevada State College \_\_\_\_\_, Sierra Nevada College \_\_\_\_\_, Truckee Meadows Community College \_\_\_\_\_, University of Nevada Las Vegas \_\_\_\_\_, University of Nevada Reno \_\_\_\_\_, or Western Nevada Community College \_\_\_\_\_. **I understand that if I choose not to utilize my scholarship I must notify the Financial Aid office of the institution I plan to attend each semester. . (\_\_\_\_ initial here)**

\* Per NRS 396.930

Process this form **AS SOON AS POSSIBLE ONLINE** at <http://NevadaTreasurer.gov> or FAX to: (702) 486-3246

Office of State Treasurer Brian K. Krolicki

(888) 477-2497 (951) 486-3383

Forms Appendix, Page 29

# GOVERNOR GUINN MILLENNIUM SCHOLARSHIP PROGRAM ACKNOWLEDGMENT OF AWARD

Classes of 2000, 2001, 2002, 2003 (on or before May 1, 2003)

***(Retain this copy for your records)***

By signing and returning the first page of this form you are acknowledging acceptance of the Millennium Scholarship and the policies that govern the scholarship. The policies governing your award are those contained in the *Millennium Scholarship Policy and Procedures of the Board of Regents*, which can be located on our website <http://NevadaTreasurer.gov>. Central elements of the Regents' policy are summarized below. During the period of your eligibility as a Millennium Scholar, information about you will be shared between the State Treasurer's Office and eligible institutions.

## SCHOLARSHIP AWARD\*

- I may use the scholarship for undergraduate study at any eligible institution listed on the student copy of the *Acknowledgement of Award* form.
- I must be enrolled in a program leading to a recognized associate degree, baccalaureate degree or pre-baccalaureate certificate.
- To receive the scholarship I must enroll in a minimum of 6 credits per semester at a NSHE community college or 12 credits at another eligible institution. **(Effective Fall 2005, students will no longer be able to use Millennium Scholarship funds to pay for remedial classes. Check with your institution to identify remedial courses.)**
- The dollars awarded per credit hour are: a) \$40 in lower division courses and \$60 in upper division courses at a NSHE community college; b) \$60 per credit at a NSHE state college and c) \$80 per credit at another eligible institution. **(Effective January 1, 2006, Millennium funding is limited to a maximum of 12 credits per semester counting coursework at all institutions.)**
- I have eight years following my high school graduation date to use my scholarship, or for a non-traditional adult learner eight years after the expected graduation date of his or her original high school class for those regularly scheduled to graduate after May 1, 2000.
- The lifetime total amount of the scholarship is \$10,000.
- The scholarship will be applied to my eligible institution at the beginning of each semester (excluding summer) to pay for my fees and other eligible institution or college financial obligations. If the scholarship is less than my total institutional financial obligation, I will pay the balance according to the policies of the eligible institution I attend. **(Summer school will be funded. For procedures check online at <http://NevadaTreasurer.gov>.)**
- If I have been offered other financial assistance, my financial assistance may be revised to accommodate the Millennium Scholarship.
- I am responsible for obtaining academic advisement at the campus I attend.
- I am responsible for checking the State Treasurer's website or calling the Millennium Scholarship Program for current information.

## MAINTAINING ELIGIBILITY\*

- To maintain eligibility for the scholarship each semester (excluding summer), I must meet the following criteria at each institution where I am receiving Millennium Scholarship funds:
  - (1) satisfactorily complete the minimum number of required credits each semester (see above);
  - (2) maintain a cumulative 2.0 GPA\*; and
  - (3) make satisfactory progress toward a recognized associate degree, baccalaureate degree or pre-baccalaureate certificate.
- If I become ineligible for the scholarship at any eligible institution, I am ineligible at all eligible institutions. Failure to meet the requirements for maintaining eligibility of the Millennium Scholarship is not subject to appeal. (\_\_\_\_\_ initial here)

## REGAINING ELIGIBILITY

- As of Fall 2005, all Millennium Scholars will be able to regain their scholarship only one time after losing eligibility. If a student loses eligibility a second time, the student will no longer be eligible. For detailed information on regaining eligibility please check online at <http://NevadaTreasurer.gov>.

## NAMES OF MILLENNIUM SCHOLARS – PUBLIC RELEASE

In some circumstances it may be desirable to publicize the names of individuals who have earned a Millennium Scholarship. However, individual names will only be made public with the consent of the Millennium Scholar. **Circle 'yes' if you are willing to have your name released, 'no' if you do not want your name released.**

---

Your decision on this matter is in no way connected to your receipt of the Millennium Scholarship.

In accepting the award, I acknowledge and understand all of the conditions stated above. **I understand and agree that my rights, obligations and benefits as a Millennium Scholar are subject to any changes in state law, policies adopted by the NSHE Board of Regents, availability of funding, and any related matters hereto.**

I understand and have met all eligibility requirements. I understand that if I have not met all requirements and funds have been disbursed, I may be responsible for repayment of these funds to the State Treasurer's Office.

**This award is contingent upon the Board of Regents' certification of your eligibility consistent with applicable law.**

**Millennium Scholarship Identification Number (Msid#) -please refer to your award certificate) \_\_\_\_\_**

Students may use their Millennium Scholarship at the following eligible institutions:

Community College of Southern Nevada (702) 651-5555  
Great Basin College (775) 753-2399  
Nevada State College (702) 992-2000  
Sierra Nevada College (775) 831-7799 Ext. 4066  
Truckee Meadows Community College (775) 673-7072  
University of Nevada, Las Vegas (702) 895-4253  
University of Nevada, Reno (775) 784-4666 Ext. 3006  
Western Nevada Community College (775) 445-3263

**\*Per NRS 396.930**

Office of State Treasurer Brian K. Krolicki  
(888) 477-2667 or (702) 486-3383 or **(702) 486-3246 Fax**

# GOVERNOR GUINN MILLENNIUM SCHOLARSHIP PROGRAM

## ACKNOWLEDGMENT OF AWARD

Classes of 2003 (after May 1, 2003), 2004, 2005, 2006

**(Please complete this form online or return this copy to the Office of State Treasurer Brian K. Krolicki)**

By signing and returning this form you are acknowledging acceptance of the Millennium Scholarship and the policies that govern the scholarship. The policies governing your award are those contained in the *Millennium Scholarship Policy and Procedures of the Board of Regents*, which can be located on our website <http://NevadaTreasurer.gov>. Central elements of the Regents' policy are summarized below. During the period of your eligibility as a Millennium Scholar, information about you will be shared between the State Treasurer's Office and eligible institutions. (\_\_\_\_ initial here)

### SCHOLARSHIP AWARD\*

- I may use the scholarship for undergraduate study at any eligible institution listed on the student copy of the *Acknowledgement of Award* form.
- I must be enrolled in a program leading to a recognized associate degree, baccalaureate degree or pre-baccalaureate certificate.
- To receive the scholarship I must enroll in a minimum of 6 credits per semester at a NSHE community college or 12 credits at another eligible institution. **(Effective Fall 2005, students will no longer be able to use Millennium Scholarship funds to pay for remedial classes. Check with your institution to identify remedial courses.)**
- The dollars awarded per credit hour are: a) \$40 in lower division courses and \$60 in upper division courses at a NSHE community college; b) \$60 per credit at a NSHE state college and c) \$80 per credit at another eligible institution.
- **I will be awarded funding for a maximum of 12 credits per semester counting coursework at all eligible institutions.** (\_\_\_\_ initial here)
- I have **six** years following my high school graduation date to use my scholarship, or for a non-traditional adult learner **six** years after the expected graduation date of his or her original high school class for those regularly scheduled to graduate after May 1, 2000.
- The lifetime total amount of the scholarship is \$10,000.
- The scholarship will be applied to my eligible institution at the beginning of each semester (excluding summer) to pay for my fees and other eligible institution or college financial obligations. If the scholarship is less than my total institutional financial obligation, I will pay the balance according to the policies of the eligible institution I attend. **(Summer school will be funded. For procedures check online at <http://NevadaTreasurer.gov>.)**
- If I have been offered other financial assistance, my financial assistance may be revised to accommodate the Millennium Scholarship.
- I am responsible for obtaining academic advisement at the campus I attend.
- I am responsible for checking the State Treasurer's website or calling the Millennium Scholarship Program for current information. (\_\_\_\_ initial here)

### MAINTAINING ELIGIBILITY\*

- To maintain eligibility for the scholarship each semester (excluding summer), I must meet the following criteria at each institution where I am receiving Millennium Scholarship funds:
  - (4) **satisfactorily complete the minimum number of required credits each semester (see above);**
  - (5) **earn at least a 2.60 GPA or a 2.75 GPA each semester (depending on the number of credits completed);** and
  - (6) **make satisfactory progress toward a recognized associate degree, baccalaureate degree or pre-baccalaureate certificate.**
- If I become ineligible for the scholarship at any eligible institution, I am ineligible at all eligible institutions. Failure to meet the requirements for maintaining eligibility of the Millennium Scholarship is not subject to appeal.
- **Beginning January 1, 2006, GPA will be calculated on a "per term" rather than a cumulative basis. Any student who becomes eligible for a Millennium Scholarship after May 1, 2003 must maintain a 2.60 GPA for each semester of their first year of enrollment (defined by NSHE as less than 30 credit hours earned). Beginning with the first semester after which I have completed 30 or more credits counting coursework at all eligible institutions, and every semester thereafter, I must earn at least a 2.75 term GPA at each institution.** (\_\_\_\_ initial here)

### REGAINING ELIGIBILITY

- As of Fall 2005, all Millennium Scholars will be able to regain their scholarship only one time after losing eligibility. If a student loses eligibility a second time, the student will no longer be eligible. For detailed information on regaining eligibility please check online at <http://NevadaTreasurer.gov>. (\_\_\_\_ initial here)

### NAMES OF MILLENNIUM SCHOLARS – PUBLIC RELEASE

In some circumstances it may be desirable to publicize the names of individuals who have earned a Millennium Scholarship. However, individual names will only be made public with the consent of the Millennium Scholar. **Circle 'yes' if you are willing to have your name released, 'no' if you do not want your name**

**released.** Your decision on this matter is in no way connected to your receipt of the Millennium Scholarship. YES NO (\_\_\_\_ initial here)

In accepting the award, I acknowledge and understand all of the conditions stated above. **I understand and agree that my rights, obligations and benefits as a Millennium Scholar are subject to any changes in state law, policies adopted by the NSHE Board of Regents, availability of funding and any related matters hereto.** (\_\_\_\_ initial here)

I understand and have met all eligibility requirements. I understand that if I have not met all requirements and funds have been disbursed, I may be responsible for repayment of these funds to the State Treasurer's Office.

**This award is contingent upon the Board of Regents' certification of your eligibility consistent with applicable law.**

**Millennium Scholarship Identification Number (Msid#) -please refer to your award certificate) \_\_\_\_\_**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name (Please print clearly) \_\_\_\_\_

Address \_\_\_\_\_

(Street) (City) (State) (Zip)

*This is my new, permanent address. Please update your records.*

Date of Birth \_\_\_\_\_ SSN# \_\_\_\_\_ Telephone \_\_\_\_\_

- **I intend to enroll at the following institution as a degree-seeking student:** Community College of Southern Nevada \_\_\_\_\_, Great Basin College \_\_\_\_\_, Nevada State College \_\_\_\_\_, Sierra Nevada College \_\_\_\_\_, Truckee Meadows Community College \_\_\_\_\_, University of Nevada Las Vegas \_\_\_\_\_, University of Nevada Reno \_\_\_\_\_, or Western Nevada Community College \_\_\_\_\_. **I understand that if I choose not to utilize my scholarship I must notify the Financial Aid office of the institution I plan to attend each semester.** (\_\_\_\_ initial here)

\* Per NRS 396.930

Process this form **AS SOON AS POSSIBLE** ONLINE at <http://NevadaTreasurer.gov> or FAX to: (702) 486-3246

Office of State Treasurer Brian K. Krolicki

(888) 477-2667 or (702) 486-3383

# GOVERNOR GUINN MILLENNIUM SCHOLARSHIP PROGRAM

## ACKNOWLEDGMENT OF AWARD

Classes of 2003 (after May 1, 2003), 2004, 2005, 2006

**(Retain this copy for your records)**

By signing and returning the first page of this form you are acknowledging acceptance of the Millennium Scholarship and the policies that govern the scholarship. The policies governing your award are those contained in the *Millennium Scholarship Policy and Procedures of the Board of Regents*, which can be located on our website <http://NevadaTreasurer.gov>. Central elements of the Regents' policy are summarized below. During the period of your eligibility as a Millennium Scholar, information about you will be shared between the State Treasurer's Office and eligible institutions.

### SCHOLARSHIP AWARD\*

- I may use the scholarship for undergraduate study at any eligible institution listed on the student copy of the *Acknowledgement of Award* form.
- I must be enrolled in a program leading to a recognized associate degree, baccalaureate degree or pre-baccalaureate certificate.
- To receive the scholarship I must enroll in a minimum of 6 credits per semester at a NSHE community college or 12 credits at another eligible institution. **(Effective Fall 2005, students will no longer be able to use Millennium Scholarship funds to pay for remedial classes. Check with your institution to identify remedial courses.)**
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- **I will be awarded funding for a maximum of 12 credits per semester counting coursework at all eligible institutions.** (\_\_\_ initial here)
- I have **six** years following my high school graduation date to use my scholarship, or for a non-traditional adult learner **six** years after the expected graduation date of his or her original high school class for those regularly scheduled to graduate after May 1, 2000.
- The lifetime total amount of the scholarship is \$10,000.
- The scholarship will be applied to my eligible institution at the beginning of each semester (excluding summer) to pay for my fees and other eligible institution or college financial obligations. If the scholarship is less than my total institutional financial obligation, I will pay the balance according to the policies of the eligible institution I attend. **(Summer school will be funded. For procedures check online at <http://NevadaTreasurer.gov>.)**
- If I have been offered other financial assistance, my financial assistance may be revised to accommodate the Millennium Scholarship.
- I am responsible for obtaining academic advisement at the campus I attend.
- I am responsible for checking the State Treasurer's website or calling the Millennium Scholarship Program for current information.

### MAINTAINING ELIGIBILITY\*

- To maintain eligibility for the scholarship each semester (excluding summer), I must meet the following criteria at each institution where I am receiving Millennium Scholarship funds:
  - (4) **satisfactorily complete the minimum number of required credits each semester (see above);**
  - (5) **earn at least a 2.60 GPA or a 2.75 GPA each semester (depending on the number of credits completed);** and
  - (6) **make satisfactory progress toward a recognized associate degree, baccalaureate degree or pre-baccalaureate certificate.**
- If I become ineligible for the scholarship at any eligible institution, I am ineligible at all eligible institutions. Failure to meet the requirements for maintaining eligibility of the Millennium Scholarship is not subject to appeal.
- **Beginning January 1, 2006, GPA will be calculated on a "per term" rather than a cumulative basis. Any student who becomes eligible for a Millennium Scholarship after May 1, 2003 must maintain a 2.60 GPA for each semester of their first year of enrollment (defined by NSHE as less than 30 credit hours earned). Beginning with the first semester after which I have completed 30 or more credits counting coursework at all eligible institutions, and every semester thereafter, I must earn at least a 2.75 term GPA at each institution.**  
(\_\_\_ initial here)

### REGAINING ELIGIBILITY

- **As of Fall 2005, all Millennium Scholars will be able to regain their scholarship only one time after losing eligibility. If a student loses eligibility a second time, the student will no longer be eligible. For detailed information on regaining eligibility please check online at <http://NevadaTreasurer.gov>.**

### NAMES OF MILLENNIUM SCHOLARS – PUBLIC RELEASE

**In some circumstances it may be desirable to publicize the names of individuals who have earned a Millennium Scholarship. However, individual names will only be made public with the consent of the Millennium Scholar. Circle 'yes' if you are willing to have your name released, 'no' if you do not want your name released. Your decision on this matter is in no way connected to your receipt of the Millennium Scholarship.**

In accepting the award, I acknowledge and understand all of the conditions stated above. **I understand and agree that my rights, obligations and benefits as a Millennium Scholar are subject to any changes in state law, policies adopted by the NSHE Board of Regents, availability of funding, and any related matters hereto.**

- I understand and have met all eligibility requirements. I understand that if I have not met all requirements and funds have been disbursed, I may be responsible for repayment of these funds to the State Treasurer's Office. **I understand that if I choose not to utilize my scholarship I must notify the Financial Aid office of the institution I plan to attend each semester.** (\_\_\_ initial here)

**This award is contingent upon the Board of Regents' certification of your eligibility consistent with applicable law. Millennium Scholarship Identification Number (Msid#) -please refer to your award certificate) \_\_\_\_\_**

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Truckee Meadows Community College (775) 673-7072  
University of Nevada, Las Vegas (702) 895-4253  
University of Nevada, Reno (775) 784-4666 Ext. 3006  
Western Nevada Community College (775) 445-3263

**\*Per NRS 396.930**

Office of State Treasurer Brian K. Krollicki  
(888) 477-2667 or (702) 486-3383 or **(702) 486-3246 Fax**

(Added Millennium Forms 02/07)



## NSHE Scholarly and Professional Outside Compensated Services Report

|                   |
|-------------------|
| Institution:      |
| Reporting Period: |

**Instructions:**

1. Report aggregated *number (headcount)* of faculty and professional staff (hereafter called faculty/prostaff) who request to perform scholarly and professional outside compensated services (SPOCS) (columns 1-3).
2. Report aggregated number of Conflict of Interest (COI) reports (columns 4-6).

|                             | 1  | 2                                  | 3  | 4                             | 5   | 6             |
|-----------------------------|--|------------------------------------|--|-------------------------------|---|---------------|
| Administrative Unit         | # of Faculty/<br>Prostaff<br>requesting<br>SPOCS | Total # of<br>Faculty/<br>Prostaff | % of Faculty/<br>Prostaff<br>requesting<br>SPOCS | # COI<br>Reports<br>Submitted | # COI<br>Reports<br>Reviewed at<br>a level higher<br>than the<br>employee's<br>supervisor | # Actual COI* |
| Example: College of Science |  |                                    |  |                               |   |               |
|                             |  |                                    |  |                               |   |               |
|                             |  |                                    |  |                               |   |               |
|                             |  |                                    |  |                               |   |               |
|                             |  |                                    |  |                               |   |               |

\* On a separate narrative, please describe in general the Conflicts of Interest (column 6) that were identified and how they were resolved.

**Instructions:**

1. Report aggregated *number of requests* to perform compensated outside professional services (COPS) including funding sources and those that are research related.

|                             | 1                      | Funding Sources (Must total column 1) |          |                         |            |       |   |
|-----------------------------|------------------------|---------------------------------------|----------|-------------------------|------------|-------|---|
| Administrative Unit         | # of SPOCS<br>Requests | Not Approved                          | Business | Academic<br>Institution | Government | Other | # SPOCS<br>Requests that<br>are Research<br>Related |
| Example: College of Science |                        |                                       |          |                         |            |       |   |
|                             | 0                      |                                       |          |                         |            |       |   |
|                             | 0                      |                                       |          |                         |            |       |   |
|                             | 0                      |                                       |          |                         |            |       |   |
|                             | 0                      |                                       |          |                         |            |       |   |
|                             | 0                      |                                       |          |                         |            |       |   |
| Total                       | 0                      | 0                                     | 0        | 0                       | 0          | 0     | 0   |

**Definitions:**

Conflict of Interest (COI): Conflict of Interest means any outside activity or interest that may adversely affect, compromise or be incompatible with the obligations of an employee to the institution.

Scholarly or Professional Outside Compensated Services (SPOCS): Any outside scholarly or professional service by an faculty or professional staff member within his/her subject matter field and for which he/she is compensated by an outside entity, e.g., consulting.

Research Related: The SPOCS request is research related if it is considered to be part of, or related to, the instructional faculty or professional staff member's research obligation to the institution.

Administrative Unit - Universities: College or Vice President Office  
 Administrative Unit - DRI: Division  
 Administrative Unit - Colleges: Vice President's Office reporting more than two SPOCS.

(Added 4/11)

# Research Subaward Agreement

**Institution/Organization ("Prime Recipient")**

Name: \_\_\_\_\_

Prime Award No.: \_\_\_\_\_

Awarding Agency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Institution/Organization ("Subrecipient")**

Name: \_\_\_\_\_

Subaward No.: \_\_\_\_\_ CFDA #: \_\_\_\_\_

Amount Funded This Action: \_\_\_\_\_ Est. Total (if incrementally funded) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Subaward Period of Performance:**

Budget Period: From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_

**Estimated Project Period (if incrementally funded):**

From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_

Project Title: \_\_\_\_\_

\_\_\_\_\_

Reporting Requirements (Check here if applicable:  See Attachment 4)

ARRA Funds (Attachment 4A)

### Terms & Conditions

- 1) Prime Recipient hereby awards a cost reimbursable subaward, as described above, to Subrecipient. The statement of work and budget for this subaward are (check one):  As specified in Subrecipient's proposal dated \_\_\_\_\_ ; or  as shown in Attachment 5. In its performance of the subaward work, Subrecipient shall be an independent entity and not an employee or agent of Prime Recipient.
- 2) Prime Recipient Shall reimburse Subrecipient not more often than monthly for allowable costs. All invoices shall be submitted using Subrecipient's standard invoice, but at a minimum shall include current and cumulative costs (including cost sharing), subaward number, and certification as to truth and accuracy of invoice. *Invoices that do not reference Prime Recipient's Subaward Number shall be returned to Subrecipient.* Invoices and questions concerning invoice receipt or payments should be directed to the appropriate party's \_\_\_\_\_ Contact as shown in Attachments 3A & 3B.
- 3) A final statement of cumulative costs incurred, including cost sharing, marked "FINAL" must be submitted to Prime Recipient's \_\_\_\_\_ Contact, as shown in Attachments 3A and 3B, NOT LATER THAN sixty (60) days after subaward end date. The final statement of costs shall constitute Subrecipient's final financial report.
- 4) All payments shall be considered provisional and subject to adjustment within the total estimated cost in the event such adjustment is necessary as a result of an adverse audit finding against the Subrecipient.
- 5) Matters concerning the technical performance of this subaward should be directed to the appropriate party's Principal Investigator, as shown in Attachments 3A and 3B. Technical reports are required as shown above, "Reporting Requirements".
- 6) Matters concerning the request or negotiation of any changes in the terms, conditions, or amounts cited in this subaward agreement, and any changes requiring prior approval, should be directed to the appropriate party's \_\_\_\_\_ Contact, as shown in Attachments 3A & 3B. Any such changes made to this subaward agreement require the written approval of each party's Authorized Official as shown in Attachments 3A & 3B.
- 7) Each party shall be responsible for its negligent acts or omissions and the negligent acts or omissions of its employees, officers, or director's, to the extent allowed by law.
- 8) Either party may terminate this subaward with thirty days written notice to the appropriate party's \_\_\_\_\_ Contact as shown in Attachments 3A & 3B. Prime Recipient shall pay Subrecipient for termination costs as allowable under OMB Circular A-21 or A-122 or 45 CFR Part 74 Appendix E, "Principles for Determining Costs Applicable to Research and Development under Grants and Contracts with Hospitals" as applicable.
- 9) No-cost extensions require the approval of the Prime Recipient. Any requests for a no-cost extension should be addressed to and received by the \_\_\_\_\_ Contact, as shown in Attachments 3A & 3B, not less than thirty (30) days prior to the desired effective date of the requested change.
- 10) The Subaward is subject to the terms and conditions of the Prime Award and other special terms and conditions, as identified in Attachment 2.
- 11) By signing below Subrecipient makes the certifications and assurances shown in Attachments 1 and 2. Subrecipient also assures that it will comply with applicable statutory and regulatory requirements specified in the Research Terms & Conditions Appendix C found at <http://www.nsf.gov/bfa/dias/policy/rtc/appc.pdf>.

By an Authorized Official of Prime Recipient

\_\_\_\_\_ Date

By an Authorized Official of Subrecipient

\_\_\_\_\_ Date

**Attachment 1**  
**Research Subaward Agreement**  
**Certifications and Assurances**

By signing the Subaward Agreement, the authorized official of Subrecipient certifies, to the best of his/her knowledge and belief that:

**Certification Regarding Lobbying**

1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the Subrecipient, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or intending to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the Subrecipient shall complete and submit Standard Form -LLL, "Disclosure Form to Report Lobbying", to the Prime Recipient.

3) The Subrecipient shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**Debarment, Suspension, and Other Responsibility Matters**

Subrecipient certifies by signing this Subaward Agreement that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency.

**OMB Circular A-133 Assurance**

Subrecipient assures Prime Recipient that it complies with A-133 and that it will notify Prime Recipient of completion of required audits and of any adverse findings which impact this subaward.

Attachment 3A  
Research Subaward Agreement

Subaward Number:

**Prime Recipient Contacts**

Institution/Organization ("Prime Recipient")

Name:

Address:

City:  State:  ZipCode:

Administrative Contact

Name:

Address:

City:  State:  ZipCode:

Telephone:  Fax:

Email:

Principal Investigator

Name:

Address:

City:  State:  ZipCode:

Telephone:  Fax:

Email:

Financial Contact

Name:

Address:

City:  State:  ZipCode:

Telephone:  Fax:

Email:

Authorized Official

Name:

Address:

City:  State:  ZipCode:

Telephone:  Fax:

Email:

Attachment 3B  
Research Subaward Agreement

Subaward Number:

**Subrecipient Contacts**

Institution/Organization ("Subrecipient")

Name:

Address:

City:  State:  ZipCode + 4:

EIN No.:  Institution Type:  Reg. in CCR?  Yes  No

Performance Site Same Address as Above?  Yes  No If No, complete Sect. C of Attachment 4A

DUNS No.:  Congressional District:  Congressional District:

Administrative Contact

Name:

Address:

City:  State:  ZipCode:

Telephone:  Fax:

Email:

Principal Investigator

Name:

Address:

City:  State:  ZipCode:

Telephone:  Fax:

Email:

Financial Contact

Name:

Address:

City:  State:  ZipCode:  Text

Telephone:  Fax:

Email:

Authorized Official

Name:

Address:

City:  State:  ZipCode:

Telephone:  Fax:

Email:

**NSHE System Office Cellular Phone / PDA / Data Plan Allowance Request Form**  
*Revised: 3/2013*

| <b>SECTION 1: Employee Information</b>  |                      |
|---|----------------------|
| Employee Full Name:   | Current Cell Phone # |
| Department Name:  | Supervisor:          |
| <b>SECTION 2: Allowance Request</b>   |                      |
| <p><b>Monthly Allowance (Check only one box unless two plans approved by a supervisor)</b></p> <p> <input type="checkbox"/> Voice and Data Allowance for Cellular or PDA Service (average usage)      \$50.00<br/> <input type="checkbox"/> Voice and Data Allowance for Cellular or PDA Service (high usage)      \$75.00<br/> <input type="checkbox"/> Data Plan Allowance – 6 GB/month      \$20.00<br/> <input type="checkbox"/> Data Plan Allowance – 12 GB/month      \$45.00 </p>  |                      |
| <b>SECTION 3: Justification (check all that apply)</b>  |                      |
| <p> <input type="checkbox"/> Job function requires considerable time outside of assigned office or work area and it is essential to the System that the employee be accessible during those times. </p> <p> <input type="checkbox"/> Job function requires continuous accessibility beyond scheduled or normal working hours (i.e., on-call responsibilities for critical System services). </p> <p> <input type="checkbox"/> Job function requires access to e-mail outside of the office or beyond normal scheduled working hours and it is essential for the System that the employee has the ability to receive and send email during those times. </p> <p> <input type="checkbox"/> Job function requires access to the internet outside of the office or beyond normal scheduled working hours and it is essential for the System that the employee has the ability to access the internet during those times. </p> |                      |

**SECTION 4: Alternative Request for NSHE Paid Phone**

- My position requires the frequent and continuing use of a cell phone/PDA on a daily basis during and after hours. I understand that I may not use an NSHE phone for personal purposes and that the phone records may be audited for compliance with this policy.

**SECTION 5: Required Approvals**

Department: \_\_\_\_\_

Approved monthly allowance \$\_\_\_\_\_

Department Account number to pay allowance from: \_\_\_\_\_

- Supervisor approves both a Cellular voice and data service **and** a data plan for internet access.

Supervisor Approval/Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Vice Chancellor Approval/Signature: \_\_\_\_\_

Date: \_\_\_\_\_