

*Please return this form to:
University of North Texas
Student Financial Aid and Scholarships
1155 Union Circle #311370 Denton, TX 76203-5017
Fax to 940.565.2738
Email PDF to financialaid@unt.edu*

2019-2020 Unusual Enrollment History Appeal

SECTION A: STUDENT INFORMATION

Name:	UNT Assigned ID:
Email Address:	Telephone:

SECTION B: REASON FOR APPEAL AND REQUIRED DOCUMENTATION

Please indicate the reason for the appeal below and attach the required documentation.

- Serious injury of the student and/or the student's immediate family
Required Documentation: Copies of medical records from doctor/hospital confirming injury and time period.
- Serious extended illness of the student and/or the student's immediate family.
Required Documentation: Copies of medical records from doctor, hospital and/or Office of Disability Accommodation confirming illness and time period.
- Death of the student's immediate family member. Date of death _____(MM/DD/YY)
Required Documentation: Copy of the death certificate or complete funeral program. Date of death will be verified through official records. Documentation must show relationship to student.

SECTION: EXPECTED GRADUATION DATE

Please list your expected graduation date: _____

SECTION D: CERTIFICATION

I certify that all the information contained on this form and in the supporting documentation is complete and correct. I understand that I must complete all sections, sign and return this form for my appeal to be processed financial aid consideration. I understand that it may take 4-6 weeks for this request to be processed. **Electronic signatures are not accepted.**

Student Signature

Date

X _____
