

*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 TEXAS Grant Appeal

SECTION A: STUDENT INFORMATION	
Name:	UNT Assigned ID:
Email Address:	Telephone:

SECTION B: REASON FOR APPEAL	
Please provide detailed explanation of your situation in the "Personal Statement" section.	
<input type="checkbox"/> Death of an immediate family member	
<input type="checkbox"/> Serious illness of student and/or immediate family member	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Graduating (Academic Advisor must certify this form.)	
Expected Graduation:	
<input type="checkbox"/> Fall 2019	
<input type="checkbox"/> Spring 2020	
Academic Advisor Name (Print Please): _____ Phone Number: _____	
Signature of Academic Advisor: _____ Date: _____	

SECTION C: 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 for TEXAS Grant consideration. I understand that the deadline to submit this form and all supporting documentation is the midpoint of the semester. I understand that it may take 4-6 weeks for this request to be processed. <b>Electronic signatures are not accepted.</b>	
Student Signature	Date
<u>X</u>	_____

