

2018-2019 | Appeal Request for Satisfactory Academic Progress (Maximum Hours)

SECTION A: STUDENT INFORMATION

Name:	UNT Assigned ID:	SSN (last 4 digits only):
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SECTION B: APPEALABLE REASONS AND 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 and/or hospital confirming illness and time period.
- Learning disability, of the student, as documented in the Office of Disability Accommodation.
Required Documentation: Documentation from the Office of Disability Accommodation confirming disability and time period.
- Death of the student's close relative. 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.

Please indicate the term(s) that you are appealing:
Circle one: FALL | SUMMER | SPRING Year: _____

SECTION C: PERSONAL STATEMENT

Write a detailed personal statement, which **must** include the following information:

- Explain the reason for the appeal. Please include details about your situation. If you had multiple situations, explain all of them in detail.
- Explain when the situation occurred.
- Explain how it affected your ability to successfully complete your courses during that time period.
- Explain what has changed that will now allow you to successfully complete your courses.

SECTION D: EXPECTED GRADUATION DATE

Please list your expected graduation date: _____

SECTION E: 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 financial aid 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 2-3 weeks for this request to be processed. **Electronic signatures are not accepted.**

Student Signature

Date

X _____

*Return this completed form with any required documentation to:
Student Financial Aid & Scholarships, University of North Texas - 1155 Union Circle #311370, Denton, TX 76203-5017
or fax to (940) 565-2738 or save and attach as PDF and email to sfassap@unt.edu*