



## 2016-2017 Appeal for Unusual Enrollment History

### SECTION A: STUDENT INFORMATION

Name:

UNT Assigned ID:

Telephone (include area code):

Social Security Number:

### 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, hospital and/or Office of Disability Accommodation confirming illness and time period.**
- Death of the student's 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.**

### 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. It must have occurred during a term you received a failing grade and/or withdrew from class.
- 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 it may take 2-3 weeks for this request to be processed.

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 [financialaid@unt.edu](mailto:financialaid@unt.edu)