

University of North Texas at Dallas

Office of Undergraduate Recruitment and Admission

ACADEMIC FRESH START REQUEST			
Name:			
Mailing Address:			
City/State/Zip:			
Phone:	Email:		
SSN (Last 4 Digits:	UNTD ID#:		
Are you currently residing in the			
☐ Yes (If yes, for how long?)	
□ No			
Please list all colleges/universitie	s attended:		
Full name of community college/university	Location of college/university (city & state)	Attendance dates	# of hours enrolled
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	Code allows students who were enrolled in NT Dallas without consideration of that acad	•	on 10 or
To take advantage of the Fresh Start op decision being offered.	otion, you must request and submit a Fresh	Start Form prior to an adm	nission
By utilizing the Fresh Start Program. I u	nderstand than I will receive no academic c	redit for previously earned	l credit.

THIS FORM MUST BE SUBMITTED WITH THE APPLICATION FOR ADMISSION. You may mail, fax, or hand deliver this form to the Admission Office as indicated below:

Signature: _____ Date: _____

University of North Texas at Dallas
Office of Undergraduate Admission
7300 University Hills Blvd.
Dallas, Texas 75241

Phone: 972-780-3642 or 877-UNT-DALS Fax: 972-780-3694

dallasrecruitment@unt.edu