

ACADEMIC FRESH START REQUEST

Name:			
Mailing Address:			
City/State/Zip:			
Phone:	Email:		
SSN (Last 4 Digits:	UNTD ID#:		
Are you currently residing in the	state of Texas?		
☐ Yes (If yes, for how long?	?)	
□ No			
Please list all colleges/universitie	es attended:		
Full name of community college/university	Location of college/university (city & state)	Attendance dates	# of hours enrolled
	Code allows students who were enrolled in	·	ion 10 or
more years ago to seek admission to U	JNT Dallas without consideration of that aca	demic work.	
To take advantage of the Fresh Start of	ption, you must request and submit a Fresh	Start Form prior to an add	mission
decision being offered.			
By utilizing the Fresh Start Program, I	understand than I will receive no academic c	redit for previously earne	d credit.
Signature:	Date:		
THIS FORM MUST BE SUBMITTED WIT to the Admission Office as indicated b	H THE APPLICATION FOR ADMISSION. You nelow:	nay mail, fax, or hand deli	ver this form

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 admissions@untdallas.edu