

2017-2018 Appeal for Unusual Enrollment History

SECTION A: STUDENT INFORMATION

Name: _____ UNTD Assigned ID: _____ SSN (last 4 digits only): _____

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 and attach 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. **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 at Dallas - 7300 University Hills Blvd., Dallas, TX 75241
or fax to (972) 338-1799 or save and attach as PDF and email to financialaid@undallas.edu*