



Please return this form to:  
[Mafalda.Chandler@unt.edu](mailto:Mafalda.Chandler@unt.edu)

## College of Music Scholarship Appeal\*

SECTION A: STUDENT INFORMATION	
Name:	UNT Assigned ID:
Email Address:	Telephone (include area code):
Academic Term for Appeal:	

SECTION B: REASON FOR APPEAL	
Please provide a detailed explanation of your situation in the 'Personal Statement' section and attach supporting documentation.	
<input type="checkbox"/> Death	<input type="checkbox"/> Work Conflict
<input type="checkbox"/> Illness (attach medical documentation)	<input type="checkbox"/> Student Teaching (attach documentation from your department)
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Graduating ( <b>Academic Advisor must certify this form.</b> )	Expected Graduation Date: _____
Academic Advisor Name (Print Please): _____ Phone Number: _____	
Signature of Academic Advisor: _____ Date: _____	

SECTION C: CERTIFICATION	
I certify that all the information contained on this form is complete and correct. I will notify the scholarship awarding department of any change in my enrollment. I understand that if approved, my scholarship may not disburse to my tuition/fee account until <b>after</b> the official census date of each term. I understand that if my tuition/fee charges are greater than my scholarship, I must make payment arrangements or my courses may be dropped. I further understand that I will be notified via email of the appeal decision and that typical response time is within 4 weeks of appeal submission.	
Student Signature: _____	Date: _____

SECTION D: DEPARTMENT USE ONLY	
<input type="checkbox"/> Appeal Log Updated <input type="checkbox"/> Award Canceled/Reinstated <input type="checkbox"/> Waiver review, if applicable <input type="checkbox"/> Student Notified	

\*This form may only be used for scholarships awarded and administered by the UNT College of Music. Students who have scholarships awarded by another department on campus must contact that department about an appeal process.

Name: \_\_\_\_\_

ID: \_\_\_\_\_

### SECTION E: PERSONAL STATEMENT

Please provide a personal statement describing the situation that occurred to cause you to not meet the scholarship criteria. Attach supporting documentation if necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Once a decision concerning your appeal has been determined, you will receive email notification from your awarding department. The typical response time is within 4 weeks of the date you submitted your appeal.**

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