

APPLICATION FOR EXCESSIVE HOURS EXEMPTION FOR FINANCIAL HARDSHIP

Application Deadline: Must be submitted by the 12 th cl Student's Name:		
Address:		
	_Email:	
Phone Number:		
Semester Requesting Exemption: (circle only one)	Fall Spring Summer Year	
Please check the circumstance w	hich best applies to your situation:	
() Disability/Illness : I am attaching medical docume determination letter from the UNT Office of Disabil of illness for self or other if you are the care giver.		
() Pell Grant Eligible: I believe that I am Pell Grant	eligible.	
Pell Grant eligibility is based on financial need as de Contribution (EFC) score. If you have applied for Fir academic year then Student Financial Services will a qualifies.	ancial Aid and submitted a FAFSA for the current	
Expected Graduation Date: C	Current GPA:	
Number of hours currently enrolled:	Number of times changed major:	
Number of classes dropped or withdrawn:	Applied for appeal in the past:	
Certification: I certify that the information provided is true and completed to the best of my knowledge have given on this form if requested to the Student documentation, my exemption will not be process	. I agree to provide proof of the information that I Financial Services. If I do not provide the request	
Student's Signature:	Date:	
For Office Use Only: Recommendation:		
() Approved () Denied Signature: Director (or Designee)	Date:	