

## 2019-2020 Appeal for Unusual Enrollment History

SECTION A: STUDENT INFORMATION

Nar	ne: UNT Assigned ID: SSN (last 4 digits only):
SEC	CTION 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.
SEC	CTION C: PERSONAL STATEMENT
Write and attach a detailed personal statement, which <b>must</b> 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.
	<ul> <li>Explain when the situation occurred. It must have occurred during a term you received a failing grade and/or withdrew from class.</li> </ul>
	• 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.
GT.	
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
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