2017-2018 University Scholarship Appeal*

SECTION A: STUDENT INFORMATION
Name: ____________________________  UNT Assigned ID: ____________________________
Email Address: ____________________________  Telephone (include area code): ____________________________

SECTION B: REASON FOR APPEAL
Please provide a detailed explanation of your situation in the ‘Personal Statement’ section and attach supporting documentation.

☐ Death  ☐ Work Conflict  ☐ Internship/ Study Abroad
☐ Illness (attach medical documentation)  ☐ Student Teaching (attach documentation from your department)
☐ Other: ________________________________________________________________________

☐ Graduating (Academic Advisor must certify this form.)  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 SFAS of any change in my enrollment. I understand that if approved, my scholarship may not disburse to my tuition/fee account until after the official census date of each term (Fall: Sept. 11, 2017; Spring: Feb. 1, 2018). 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: STUDENT FINANCIAL AID AND SCHOLARSHIPS USE ONLY
☐ Appeal Log Updated  ☐ Results Noted in EIS
☐ Checklist(s) Updated  ☐ Results Noted in AW
☐ Award Cxld/Reinstated  ☐ Student Notified
☐ Waiver review, if applicable

*This form may only be used for scholarships awarded by the University Scholarship Committee and administered by Student Financial Aid & Scholarships (SFAS). Students that have scholarships awarded by another department on campus must contact that department about an appeal process.
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.

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Signature ______________________________     Date _________________________

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

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