



2024-2025 Appeal Request for Unusual Enrollment History

SECTION A: STUDENT INFORMATION

Student Name	UNT Assigned ID	SSN (last 4 digits only)

SECTION B: TERM INFORMATION

Please indicate the term(s) that you struggled academically (i.e., prior terms where you received F, W, I, NP, etc.):

Term: FALL SPRING SUMMER

Year: _____

SECTION C: APPEALABLE REASONS AND DOCUMENTATION

Please indicate the reason(s) for the appeal and attach the required documentation. *Note: Appeals received without the required documentation will not be processed.*

- Serious injury of the student and/or the student’s immediate family.
Required Documentation: Medical documentation confirming injury and time period.
- Serious extended illness of the student and/or the student’s immediate family.
Required Documentation: Medical documentation confirming illness and time period.
- Learning disability of the student. Students with learning disabilities are encouraged to meet with the Office of Disability Access (ODA) to discuss resource options.
Required Documentation: Documentation from ODA showing student is using resources available.
- Death of the student’s close 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 to show relationship to student may be required.
- Other circumstance out of the student’s control (i.e., national emergency, etc.)
Required Documentation: Detailed account of circumstance, time period of circumstance and how circumstance directly impacted student success. Include any documentation to support student impact.

SECTION D: PERSONAL STATEMENT

Submit with your appeal a typed, detailed personal statement which **must** include the following:

- Reason for the appeal. If you had multiple situations, explain all of them in detail.
- When the situation occurred.
- How situation affected your ability to successfully complete your courses during that time period.

Note: Appeals received without the required personal statement will not be processed

SECTION E: EXPECTED GRADUATION DATE

Please list your expected graduation date: _____

SECTION F: 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, personal statement and supporting documentation for my appeal to be processed, and my complete appeal must be submitted before the midpoint of the term I am appealing. I understand that it may take 4-6 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:
Financial Aid & Scholarships, University of North Texas - 1155 Union Circle #311370, Denton, TX 76203-5017 or
save and upload to <https://financialaid.unt.edu/upload>.*