



*Please return this form to:*  
University of North Texas  
Student Financial Aid and Scholarships  
1155 Union Circle #311370 Denton, TX 76203-5017  
Fax to 940.565.2738  
Upload to the document upload  
portal at <https://financialaid.unt.edu/upload>.

## 2020-2021 Unusual Enrollment History Appeal

SECTION A: STUDENT INFORMATION	
Name:	UNT Assigned ID:
Email Address:	Telephone:

SECTION B: REASON FOR APPEAL AND REQUIRED DOCUMENTATION
Please indicate the reason for the appeal below and attach the required documentation.
<input type="checkbox"/> Serious injury of the student and/or the student's immediate family <b>Required Documentation: Copies of medical records from doctor/hospital confirming injury and time period.</b>
<input type="checkbox"/> Serious extended illness of the student and/or the student's immediate family. <b>Required Documentation: Copies of medical records from doctor, hospital and/or Office of Disability Accommodation confirming illness and time period.</b>
<input type="checkbox"/> Death of the student's immediate family member. Date of death _____(MM/DD/YY) <b>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.</b>

SECTION: EXPECTED GRADUATION DATE
Please list your expected graduation date: _____

SECTION D: 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 financial aid consideration. I understand that it may take 4-6 weeks for this request to be processed. <b>Electronic signatures are not accepted.</b>
Student Signature _____ Date _____
X _____

