

2019-2020 | Appeal Request for Satisfactory Academic Progress (Maximum Hours)

SECTION A: STUDENT INFORMATION

Name:	UNT Assigned ID:	SSN (last 4 digits only):
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SECTION B: TERM INFORMATION

Please indicate the term(s) that you struggled academically:

Term: FALL | SUMMER | SPRING

Year: _____

SECTION C: 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 and/or hospital confirming illness and time period.
- Learning disability, of the student, as documented in the Office of Disability Accommodation.
Required Documentation: Documentation from the Office of Disability Accommodation confirming disability and time period.
- 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 must show relationship to student.**
- Other circumstance out of the student's control (i.e., national emergency, pandemic, 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

Write a detailed personal statement, which **must** 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.
- Explain when the situation occurred.
- 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.

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 for my appeal to be processed for financial aid consideration. I understand that the deadline to submit this form and all supporting documentation is the midpoint of the semester. I understand that it may take 2-3 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:

Student Financial Aid & Scholarships, University of North Texas - 1155 Union Circle #311370, Denton, TX 76203-5017
or fax to (940) 565-2738 or save and upload to <https://financialaid.unt.edu/upload>.