

*Return completed form and supporting docs to:*  
*University of North Texas*  
*Student Financial Aid and Scholarships*  
*1155 Union Circle #311370 Denton, TX 76203-5017*  
*Or: Fax to 940.565.2738*  
*Or: save as PDF and upload to the secured document*  
*uploader: <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.

- 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 immediate family member. 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.**

### SECTION C: 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. **Electronic signatures are not accepted.**

Student Signature

Date

X \_\_\_\_\_

