

2026-2027 TEXAS GRANT APPEAL

Once a decision concerning your appeal has been determined, you will receive email notification from Student Financial Aid and Scholarships (SFAS). **The typical response time is within 4 weeks of the date you submitted your appeal.**

SECTION A: STUDENT INFORMATION

Name: UNTD Assigned ID:

Email Address: Telephone (include area code):

SECTION B: REASON FOR APPEAL

Please provide detailed explanation of your situation in the 'Personal Statement' section.

Death of an immediate family member.

Serious illness of student and/or immediate family member.

Other: _____

Graduating (Academic Advisor must certify this form.) Expected Graduation Date: _____

**For students graduating in the current term/aid year

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 my tuition/fee charges are greater than my scholarship, I must make payment arrangements or my courses may be dropped.

Student Signature: _____ Date: _____

SECTION D: STUDENT FINANCIAL AID AND SCHOLARSHIPS USE ONLY

Routed to 1st Reviewer
 Routed to 2nd Reviewer
 Routed to 3rd Reviewer

Date: _____
Date: _____
Date: _____

Approved: _____

Date: _____

Denied: _____

Date: _____

Completed form may be faxed to 972-338-1799, or save and attach as a PDF and email to financialaid@unt.edu, or submitted to Student Financial Aid & Scholarships office located in the Student Center.

2025-2026 TEXAS GRANT APPEAL

Please provide a personal statement describing the situation that occurred to cause you to not meet the requirements of your TEXAS grant award. Attach supporting documentation that addresses the specific term(s) being appealed.

Signature

Date