



OFFICE OF FINANCIAL AID & SCHOLARSHIPS

Scholarship Appeal Checklist

Appeal must include:

- Appeal form
- Personal statement
- Supporting documentation **anything supporting what is being stated in the personal statement*
- Academic plan

**If you are requesting an appeal due to graduating and/or student teaching in your final semester please submit a Scholarship Exception form instead of this appeal.*

An appeal is considered incomplete without all of the above documentation and will not be submitted to the committee for review.



SCHOLARSHIP APPEAL

In order to submit an appeal to the UNT Dallas Scholarship Committee, you must submit this form, your written appeal statement, supporting statement from your Academic Advisor, an academic plan and any supporting documentation in person, by mail, fax, or emails. All appeals must be submitted no later than 2 weeks prior to the end of the term that you are requesting the appeal. Incomplete appeals will not be accepted. You will be notified of your appeal decision approximately 10 business days after your appeal has been submitted.

Name: _____ Student ID: _____

Name of Scholarship _____

Academic year: _____

Please select one of the following reasons for your appeal

Death _____ Illness _____ Financial _____ Work Conflict _____

Attending less than 1/2 time _____ GPA _____ SAP _____

Other _____

I hereby certify that the above information is true and accurate to the best of my knowledge. I further authorize the Financial Aid and Scholarship Office to receive copies of all my academic and financial aid records, including transcripts, grade reports, financial aid eligibility, verifying letters of recommendation and any other information pertaining to my application for the UNT Dallas Scholarship Appeal Process. Additionally, I understand that if my appeal is denied, that I am responsible for any outstanding balance that might result.

Student Signature _____

Date _____

2021-2022 Academic Plan for Financial Aid and Scholarships-Undergrad

SECTION A: STUDENT INFORMATION

Name:

UNTD Assigned ID:

SSN (last 4 digits only):

SECTION B: INSTRUCTIONS

1. Complete this form with your Academic Advisor.
2. If this is your first academic plan, you need to complete this form as well as a SAP appeal packet for your current suspension.
3. If suspended for Maximum Hours, submit an appeal form and a degree plan from Academic Advising.
4. If this academic plan is a revision or update to an existing academic plan, you must provide a personal written statement explaining the reason why you are changing your academic plan.
5. If you already have an academic plan and have been placed on suspension again, complete this worksheet, as well as an appeal worksheet again.
6. You **MUST** retain a copy of this Academic Plan for your records.

SECTION C: TERMS AND CONDITIONS OF ACADEMIC PLAN

Initial each statement below for confirmation of understanding terms & conditions for your academic plan.

_____ I will not withdraw/drop a class on this academic plan without consulting with my Academic Advisor and understand that my current academic plan must be revised if I withdrawal from classes.

_____ I will receive a grade of "C" or better in all classes. If my major requires a higher minimum grade, I must also maintain those grading standards. Incompletes are **NOT** allowed.

_____ I understand that I cannot change my major and that this academic plan is only valid for the major listed on page 2.

_____ I understand that I may only take the classes outlined exactly in my academic plan and that any classes taken outside of my academic plan could cause me to lose financial aid eligibility.

_____ I understand that I must submit a personal written statement to the Financial Aid Office if my academic plan needs to be revised that explains what has happened to make the change(s) necessary and how I will be able to meet academic progress based on these changes. I understand that revised academic plans may still adversely affect my continued eligibility for financial aid.

_____ I understand that failure to follow this academic plan may result in the cancellation of financial aid from University of North Texas at Dallas.

_____ If I feel that I am in danger of not completing the requirements of this academic plan, I agree to contact my academic advisor and the Financial Aid Office to discuss my situation and options.

Return this completed form with any required documentation to:

*Student Financial Aid & Scholarships|University of North Texas at Dallas|7350 University Hills Blvd., Dallas, TX 75241
or fax to (972) 338-1799 or save and attach as PDF and email to financialaid@untdallas.edu*

SECTION D: TO BE COMPLETED BY ACADEMIC ADVISOR

This is: Initial Academic Plan Updated Existing Academic Plan

List any earned hours that are not needed for degree regardless of major changes at UNTD.

Major: _____ Earned hours but not needed

Major: _____ Earned hours but not needed

Major: _____ Earned hours but not needed

Student's Major: _____ Expected Graduation Date: _____

List ONLY classes needed for student to complete major by semester in which student will complete the courses. Any classes needed outside major requirements cannot be taken. If a class needs to be repeated, please indicate. NOTE: Students need to be registered in a minimum of 6 hours to be federal loan eligible.

Course Number	Credits
TOTAL	

Course Number	Credits
TOTAL	

Course Number	Credits
TOTAL	

Course Number	Credits
TOTAL	

Course Number	Credits
TOTAL	

Course Number	Credits
TOTAL	

Remaining Hours Need to Earn Degree: _____ (include registered & in progress hours)

Advisor Comments: _____

Advisor Statement: This student and I have discussed his/her academic progress and goals to formulate this academic plan. I believe this academic plan is attainable for this student and appropriate for progressing in his/her course of study.

Advisor Signature

Advisor Printed Name

Date

Student Statement: I have discussed my academic progress with my academic advisor to formulate my academic plan. I agree that this academic plan is attainable for me and I agree to adhere to the terms of this academic plan. I understand that I must complete the requirements of this academic plan to receive financial aid. I understand that my financial aid will be revoked or denied if I do not complete the exact requirements of this academic plan.

Student Signature

Date

*Return this completed form with any required documentation to:
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