STUDENT ACCOUNTING AND UNIVERSITY 

CASHIERING SERVICES



**APPLICATION FOR SELECTED TUITION PLAN APPEAL**

**Return completed application to Student Accounting and University Cashiering Services.**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Local Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This form is for students wishing to opt in to the Eagle Express Tuition Plan after the selection date has passed. Appeal applications must be received on or before census day of the term of your initial enrollment at UNT. For Fall 2014, the last day to appeal is September 8, 2014. Response to appeal should be received within two weeks of date of submission.**

**SUMMARY OF SPECIAL CIRCUMSTANCES**

Please summarize your special circumstances.

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| **Certification:** I certify that the information provided on this form is correct. I understand that if my appeal is granted that my student account will be adjusted accordingly. I understand that this may result in my owing an additional amount on my student account.  Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
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| **For office use only:** | | | |
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Recommendation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Approved ( ) Denied

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_