

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.	
date has passed. Appeal and initial enrollment at UNT. appeal should be received a	pplications must be received For Fall 2014, the last day within two weeks of date of	
S	SUMMARY OF SPECIAL C	IRCUMSTANCES
Please summarize your specia	ıl circumstances.	
•	ount will be adjusted according	s form is correct. I understand that if my appeal gly. I understand that this may result in my
Student's Signature:		Date:
For office use only:		
Recommendation:		
() Approved () Comments:	Denied	