TUITION PLAN APPEAL FORM

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 or Opt out of the Eagle Express Tuition Plan after the selection date has passed. Appeal applications must be received on or before the 12th class day of the term (or 4th class day during Summer terms) of your initial enrollment at UNT. Response to appeal should be received within two weeks of date of submission to your student’s UNT e-mail account.

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: __________________

FOR OFFICE USE ONLY:

( ) Approved ( ) Denied ___________________________ Date: __________________

Signature

Comments: ____________________________________________