

## **TUITION PLAN APPEAL FORM**

Return completed application to Student Accounting and University Cashiering Services

Student's Name: _		Student ID Number:	
Email:		Local Phone No	
selection date has term (or 4 <sup>th</sup> class	passed. Appeal app day during Summe	Opt In or Opt out of the Eagle Express Tuition Plan after the plications must be received on or before the 12 <sup>th</sup> class day or terms) of your initial enrollment at UNT. Response to apply of date of submission to your student's UNT e-mail account.	of the peal
	SUMMAI	RY OF SPECIAL CIRCUMSTANCES	
Please summarize	your special circums	stances:	
granted that my st		ation provided on this form is correct. I understand that if my a e adjusted accordingly. I understand that this may result in my ecount.	
Student's Signatur	e:	Date:	
		FOR OFFICE USE ONLY:	=====
( ) Approved	( ) Denied	Date: Signature	
Comments:			