

2024-2025 Department of Spanish Scholarship Appeal

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| **Section I: Student Information** |
| **Name:** | **UNT Assigned ID:** |
| **Email Address:** | **Telephone (include area code):** |

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| **Section II: Certification** |
| ***I certify that all the information contained on this form is complete and correct. I will notify the committee of any change in my enrollment. I understand that if approved, my scholarship may not disburse to my student account until after the official census date of each term. I understand that if my tuition and fee charges are greater than my scholarship, I must make payment arrangements or my courses may be dropped. I further understand that I will be notified via email of the appeal decision and the typical response time is within 4 weeks of appeal submission.*****Student Signature: Date:**  |

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| **Section III: Reason for Appeal** |
| **Please check the boxes that apply to you, provide a detailed explanation of your situation in the “Personal Statement” section AND attach supporting documentation.*** **Death**
* **Work Conflict**
* **Internship/Study Abroad**
* **Illness (attach medical documentation)**
* **Student Teaching (attach documentation from your department)**
* **Other**
* **Graduating (Academic Advisor must certify this form)**

***Expected Graduation Date:*** ***Academic Advisor Name (Printed): Phone Number: Signature of Academic Advisor: Date:***  |

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| **Section IV: Personal Statement** |
| **Please provide a personal statement describing the situation that occurred causing you not to meet the scholarship criteria. Attach supporting documentation if necessary.****Signature Date**  |

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| **Section V: For Department Use Only** |
| **Approved/Denied by: Date:**  | * **Appeal Log Updated**
* **Waiver Review (if applicable)**
* **Revised AFP Form submitted to SFAS**
* **Student Notified**
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***Return this completed form with any required documentation to:***

College of Liberal Arts and Social Sciences Department of Spanish

Language Building, suite 101 940-565-2404