



Please return this form to:
 Emerald Eagle Scholars Suite
 Sage Hall, Room 328
 Phone (940) 369-5251
 Fax (940) 565-2660
 emeraldeaglescholars@unt.edu

2017-2018 Request for Appeal of Emerald Eagle Scholars Program Eligibility

SECTION A: STUDENT INFORMATION

Name:

UNT Assigned ID:

Telephone (include area code):

Email Address:

SECTION B: INSTRUCTIONS

Please follow the steps below to be considered for an appeal. Your request will not be reviewed unless all requirements are met. Please allow 2-3 weeks for your request to be processed.

1. Complete all sections of this form.
2. Submit this form and required documentation to our office.

SECTION C: PERSONAL STATEMENT

Please explain the reason for the appeal.

- Write a detailed personal statement explaining your situation. Your personal statement should include information such as: what was your situation, when did it happen (*it must have happened during a term you received a failing grade and/or withdrew from class*), and how did it affect your ability to successfully complete your courses during that time period. If you had multiple situations, explain all of them in detail.

SECTION D: APPEAL REASONS AND DOCUMENTATION

Please indicate the reason for the appeal below and attach the required documentation.

- Serious injury of the student and/or the student's immediate family. **Required Documentation: Copies of medical records from doctor or hospital confirming injury and time period.**
- Serious extended illness of the student and/or the student's immediate family. **Required Documentation: Copies of medical records from doctor, hospital and/or UNT Office of Disability Accommodation confirming illness and time period.**
- Death of the student's relative. **Required Documentation: Copy of the death certificate or obituary.**
- Other- Must provide additional letter of support explaining your specific situation and documentation of event or situation. This letter of support can be from family member, friend, faculty or staff member, etc.**

SECTION E: EXPECTED GRADUATING CLASS

- Please list expected Emerald Eagle graduating class: _____

SECTION F: CERTIFICATION

I certify that all the information contained on this form and in the supporting documentation is complete and correct. I understand that I must sign and return this form for my Appeal request for the Emerald Eagle Scholars Program to be reviewed.

Student Signature

Date

X _____

Emerald Eagle Scholars Suite Use Only

cGPA: _____

Credit Hrs: _____

Approve/Denied _____

Received By: _____

Received Date _____