Department of Media Arts Scholarship Appeal

Section I: Student Information

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<tr>
<th>Name:</th>
<th>UNT Assigned ID:</th>
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<tr>
<th>Email Address:</th>
<th>Telephone (include area code):</th>
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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: _____________________

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: ______________________________

Return this completed form with any required documentation to:

mrts-scholarships@unt.edu
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.

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Signature ___________________________________________  Date ______________________

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

Return this completed form with any required documentation to:
mrts-scholarships@unt.edu