

COLLEGE OF LIBERAL ARTS AND SOCIAL SCIENCES

Department of Media Arts

Department of Media Arts Scholarship Appeal

Section I: Student Information			
Name:		UNT Assigned ID:	
Email #	Address:	Telephone (include area code):	
	Section II: Certification	tion	
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: Date:			
	tudent Signature		
Section III: Reason for Appeal			
Stater 🗆	e check the boxes that apply to you, provide a detailed exment" section AND attach supporting documentation. Death Work Conflict Internship/Study Abroad Illness (attach medical documentation) Student Teaching (attach documentation from your dep Other Graduating (Academic Advisor must certify this form) Expected Graduation Date: Academic Advisor Name (Printed): Signature of Academic Advisor:	artment)	

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		
Section V: For Department U	Use Only	
Approved/Denied by:	☐ Appeal Log Updated	
	Waiver Review (if applicable)Revised AFP Form submitted to SFAS	
Date:	□ Student Notified	