



Enrollment Services Appeal Request

University of North Florida
One Stop Student Services
1 UNF Drive
Jacksonville, FL 32224-2659
904.620.5555 phone
904.620.2414 fax

I. Type of appeal (Please mark all that apply)

- Athletics (Reduction/Cancellation)
- Residency Decision Appeal
 - _____ Initial or _____ Reclassification
Semester and year for which you were denied
Semester: _____ Year: _____
- Financial Aid Satisfactory Academic Progress (SAP) Decision Appeal
 - Semester: _____ Year: _____
- Institutional Scholarship (UNF Presidential, Blue & Gold, Blue & Silver, Pathways, etc.)
 - Scholarship Name: _____
Semester: _____ Year: _____
- State Scholarship (Florida Bright Futures, Byrd, etc.)
 - Scholarship Name: _____
Semester: _____ Year: _____

Please indicate last term received funding

II. Student Information

Student Name	N _____ UNF ID number
Mailing Address	Telephone number
City	email address
State	Zip

III. Supporting Documentation

On a separate page, please provide a **typed** statement of the extenuating circumstances that prevented you from maintaining the requirements of your scholarship, maintaining SAP, or providing necessary documentation for Residency. You must attach supporting documentation, such as a doctor’s statement, obituary notice, divorce agreement, counselor’s statement, etc. which supports your extenuating circumstances.

IV. Appeal Decisions

Completion of this application does not guarantee an approval of appeal. For timely consideration and to ensure timely disbursement of funds (in the event of approval), please turn this form in as soon as possible following the posting of grades. **Incomplete forms will not be processed.**

****Return this form to the address above, Attention: Enrollment Services Appeal Committee****

V. Student Signature

Name	Date
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