



APPLICATION FOR EXCESSIVE HOURS EXEMPTION FOR FINANCIAL HARDSHIP

Student's Name: _____ Student ID Number: _____

Address: _____ Date of Birth: _____

_____ Email: _____

Phone Number: _____ Term Requesting Exemption: _____

Please check the circumstance which best applies to your situation:

() Disability/Illness: I am attaching medical documentation of disability and the effective date or a determination letter from the UNT Office of Disability Accommodation. Attach medical documentation of illness for self or other if you are the care giver.

() Pell Grant Eligible: I believe that I am Pell Grant eligible. Pell Grant eligibility is based on financial need as determined by a student's Estimated Family Contribution (EFC) score. If you have applied for Financial Aid and submitted a FAFSA for the current academic year then Student Accounting will grant the exemption as long as the EFC score qualifies.

Expected Graduation Date: _____ Current GPA: _____

Number of hours currently enrolled: _____ Number of times changed major: _____

Number of classes dropped or withdrawn: _____ Applied for appeal in the past: _____

Certification: I certify that the information provided on this form, and all accompanying documentation, is true and completed to the best of my knowledge. I agree to provide proof of the information that I have given on this form if requested to the Student Accounting Office. If I do not provide the requested documentation, my exemption will not be processed.

Student's Signature: _____ Date: _____

For Office Use Only:

Recommendation:

() Approved () Denied

Signature: _____ Date: _____
Director (or Designee)