

ACADEMIC FRESH START REQUEST

Nome			
Name:			
Mailing Address:			
City/State/Zip:			
Phone: ()			
SSN (last 4 digits):			
UNT ID #:			
Are you currently residing in	the state of Texas?		
	ong?)
□ No			/
Please list all colleges/univer	sities attended:		
Full name of community college/university	Location of college/university (city & state)	Attendance dates	# of hours enrolle
I request that the University of work that I enrolled for which w			nic records o
I understand that this is my opt understand that with my election a student under this law, I may requirements for courses under	n to apply under the provisions not receive any course credit i	of this law and my and transfer or toward	admission as degree
I also understand that I can cla basis of hours I elect to exclude			SI) on the
Signature:		_ Date:	
THIS FORM SHOULD BE SUE MUST BE SUBMITTED PRIOF			ION AND

Office of Admissions 1155 Union Circle #311277 Denton, TX 76203-5017 TEL 940.565.2681 FAX 940.565.2408 METRO 817.267.3731 TTY 940.369.8652 www.unt.edu undergrad@unt.edu