

**MTSU Financial Aid
Tennessee Education Lottery Scholarship
Request for Leave of Absence**

Please Note:
You should receive a response via
your **campus email** within
14 business days of the Appeal
Committee Hearing.

Complete the following information and return your request (including statement and documentation) to the Financial Aid Office. You may mail your request to CAB 218, Murfreesboro, TN 37132, or fax it to (615)898-5167.

Name: _____	MTSU ID #: _____
Address: _____	_____
Street	Apt. # City State Zip
Email Address: _____	Phone: (____) _____
_____	@mtsu.edu

Indicate the type of appeal:

- I will withdraw from all classes.
- I will not enroll for one or more required semesters.

Indicate the reason for the appeal:

- Illness of student
- Illness or death of immediate family member
- Extreme financial hardship
- Other extraordinary circumstance beyond student's control

In which semester will the above event occur? _____

In which semester do you expect to reenroll? _____

Have you previously submitted a TELS Request for Leave of Absence or TELS Appeal for any reason? Yes No

To appeal, provide the following information:

1. Attach a detailed letter that is typed or legibly written, explaining your petition for eligibility, and what actions you have taken to correct the situation (if applicable).
2. Enclose copies of supporting documentation (such as parent letter, death certificate or statements from medical doctors, advisors, psychologists, financial documentation, etc.)
Appeals will not be reviewed without verifiable documentation.

Please initial:

_____ I verify that all of the above statements and attached documentation are true and accurate.

_____ I authorize the MTSU Financial Aid Office to release information to the Tennessee Assistance Corporation for review of my request.

_____ I understand that neither MTSU nor TSAC is able to make exceptions to the GPA requirement, regardless of extenuating circumstances. I will not be eligible for a TELS award until I meet GPA requirements under the Regain Provision.

Student Signature: _____ Date: _____

For Office Use Only	Request is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
FAO Authorization: _____	Date: _____
Comments: _____	_____
_____	_____
Updated: <input type="checkbox"/> Egrands <input type="checkbox"/> SZATELS <input type="checkbox"/> RHACOMM <input type="checkbox"/> RPAAWRD <input type="checkbox"/> Decision Letter	