MTSU Financial Aid
Tennessee Education Lottery Scholarship
Appeal Form

Please Note:
You should receive a response via your **campus email or post office box** within 14 business days.

Complete the following information and return your appeal (including statement and documentation) to the Financial Aid Office. You may mail the appeal to CAB 218, Murfreesboro, TN 37132, or fax it to (615)898-5167. Please allow 14 business days for consideration of your appeal.

Name: _____ **Phone: (____)**_____ **SSN:**_____

Address: _____
Street Apt. # City State Zip

Email Address: _____**@mtsu.edu** **Campus PO Box:** _____

Indicate the type of appeal:

- ❑ I changed from full-time to part-time after the last date to drop without a "W".
- ❑ I withdrew from all classes.
- ❑ I did 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 did the above event occur? _____

In which semester will you reenroll? _____

Have you previously filed a 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 death certificate or statements from medical doctors, advisors, psychologists, 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 appeal.*

_____*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: ❒ Approved ❒ Denied

Signature of IRP or Director: _____ Date: _____

Comments: _____

_____

Updated: ❑Egrands ❑TLS ❑318 ❑348 ❑Decision Letter

Revised BAM 3/06