



Lottery Appeal Form

Name _____ Date _____ Student ID _____
Last First M.I.

*A student may be granted a medical or personal leave of absence and resume receiving TELS award(s) upon continuation of attendance, so long as all other applicable eligibility criteria are met. Students enrolled in a full-time status as of the institutionally defined census date (14th day of each term), may not convert to part-time status within the same semester and continue to receive a TELS award unless they are granted approval to do so. All appeals must be submitted in writing to the Financial Aid Office. **Approval may only be granted for documented medical or personal reasons.***

If your request is approved, your TELS award will be reinstated beginning the semester that you resume your education or the semester in which you change to part time may be prorated.

If your request is denied, you will lose your TELS award for all subsequent semesters. Denial of your request can be appealed through the TELS appeal process.

Indicate reason for appealing:

- Dropping full-time to part-time
- Completely withdrawing from the term
- Non-continuous enrollment for one or more semesters
- Failure to enroll within 16 months of graduation

I hereby request this change beginning _____, due to:
dd/mm/yy

- Illness of student or immediate family member
- Death of an immediate family member
- Extreme financial hardship of student or student's immediate family
- Other extraordinary circumstances beyond the student's control
- To fulfill a religious commitment required of all students of my faith
- Participation in an internship or co-op program required or encouraged as part of the student's academic program
- Military mobilization for active duty of yourself, spouse, child, father, or mother

Documentation needed - Appeals without supporting documentation will not be reviewed.

- Attach a detailed statement explaining the reason for the appeal and any steps taken to correct the situation.
- Enclose copies of supporting documentation (i.e. medical documentation, death certificate, financial records, statement from advisor, or copy of military papers, etc.).

All statements or letters from other parties must be signed, dated and reference the full name of the student. Letters written by a dependent student must be signed by a parent, attesting to its accuracy. All other documentation must be identified as to the source. In addition, the following statement must be signed by the student and in the case of a dependent student, one parent.

I certify that the information and documentation submitted for appeal is true and accurate to the best of my knowledge.

Student Signature Date

Parent Signature (if student is dependent) Date