

Exemption of Timely Enrollment

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|------------------------------|--------------|
| OFFICE USE ONLY | |
| Approved _____ | Denied _____ |
| By _____ | Date _____ |
| Reason: _____ | |
| Date Student Notified: _____ | |

Name: _____
First Middle Last

SID or SSN: _____

Mailing Address: _____
Street or P O Box

City, State, Zip

Daytime Phone: _____
Please include area code

Students who are unable to timely enroll in an eligible postsecondary institution as required due to medical or personal reasons may appeal to the Institutional Review Panel (IRP) for an exception. Approval can only be granted when there are documented medical or personal grounds.

If your request is approved, your TELS award for the semester in which you began enrollment will be awarded.

If denied, the student may appeal directly to the Tennessee Student Assistance Corporation (TSAC) to the TELS Award Appeal Panel, appointed by the Executive Director of TSAC.

I hereby request approval to begin enrollment at Motlow State _____ semester due to:
Semester & Year

Check the reason(s) for your appeal, attach the required documentation, and furnish required signatures. Submit to the Financial Aid Office.

- Extended illness of student...
Attach a letter from your doctor indicating the type of illness, the date of the onset, and if you are still under a doctor's care or have been released.
- Extended illness or death of an immediate family member...
Attach a letter from the doctor indicating the name of the patient, the type of illness, the date of the onset, and if the patient is still under a doctor's care or has been released. In the case of death, attach a copy of the obituary, notice of death from the newspaper or death certificate. In either case, indicate the relationship of patient to you.
- Extreme financial hardship of student's family member...
Attach a letter explaining in detail the nature of the extreme financial hardship and what action the family is taking to deal with this hardship. Attach documentation detailing the current income of the family, outstanding medical expenses not covered by insurance, etc. If legal action has been taken, attach copies of court documents that will support your request.
- Other extraordinary circumstances beyond the student's control...
Attach a letter detailing the extraordinary circumstances beyond your control, and why those circumstances prevent you from fulfilling a particular eligibility requirement.

Documentation signature requirements: All letters attached to this appeal must bear the signature of the author and contain the name of the student. All documentation must be identified as to the source.

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

Student Signature: _____

Date: _____