



Complete the following information and return to any campus Financial Aid Office or mail to the address at the bottom of the last page.

Name: _____ **Student ID #:** _____

Address: _____ **Telephone #:** _____

_____ **Email Address:** _____

For which semester are you appealing (e.g. semester you withdrew or didn't enroll)? _____

Indicate type of appeal (Check One):

- Dropping below 6 credit hours
- Completely withdrawing from the term
- Non-continuous enrollment for one or more semesters (skipped a semester)

If you lost your TN Reconnect eligibility due to GPA, you are not eligible to appeal the loss. There is no current appeal for the loss of TN Reconnect due to GPA.

Indicate reason for appeal (Check One):

- Personal illness
- Illness or death of immediate family member
- Extreme financial hardship of the student
- Military service
- Other extraordinary circumstances beyond the student's control

Required Documentation:

Appeals will not be reviewed without verifiable documentation

- > Detailed letter explaining the request for an appeal
- > Supporting documentation (see chart below)

Please read and initial the statements below:

_____ I verify that all information and documents I have provided are true and accurate

_____ I understand if my appeal request is approved, my Tennessee Reconnect Grant will be reinstated beginning the semester I resume my education if all other eligibility requirements have been met.



_____ I understand if my appeal request is denied, I have the right to appeal directly to TSAC according to the appeal procedures found on TSAC's website within **45 days** of receiving notification of my denial.

Student Signature: _____ Date: _____

REASONS FOR APPEAL/LEAVE OF ABSENCE

MAJOR ILLNESS OF STUDENT: *Appropriate Documentation Example includes*

- Statement from a medical doctor or other licensed healthcare provider indicating the type of illness or injury, the date of onset, and whether or not the student is still under medical care. This statement must be on appropriate letterhead.

MAJOR ILLNESS OR DEATH OF AN IMMEDIATE FAMILY MEMBER (PARENT, SIBLING, SPOUSE, OR CHILD) WITH WHOM THE STUDENT LIVES: *Appropriate Documentation Examples include*

- Statement from a medical doctor or other licensed healthcare provider indicating the type of illness or injury, the date of onset, and whether or not the individual is still under medical care. This statement must be on appropriate letterhead.
- Copy of obituary.
- Copy of an official death certificate.

EXTREME FINANCIAL HARDSHIP OF STUDENT: *Appropriate Documentation Examples include*

- A letter explaining, in detail, the nature of the extreme financial hardship and what action the student is taking to deal with the situation.
- Documentation of the current family income, outstanding medical expenses not covered by insurance, etc.
- Copies of court documents that will support the basis for appeal.

MILITARY OBLIGATIONS OF STUDENT: *Appropriate Documentation Example includes*

- Copy of activation letter for student member who is activated.

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