

Change of Enrollment Status

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 enrolled in a full-time status as of the institutionally defined census date, may not convert to part-time status within the same semester and continue to receive a TELS award unless they are granted prior approval to do so. Prior approval shall be requested from the Institutional Review Panel by completing and submitting this form to the Financial Aid Office. 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 change to part time will be prorated. If denied, and you drop to part time anyway, your TELS award for the semester will be based on the intuitional refund policy and you will not be eligible for TELS for any subsequent semester. Denial of your request can be appealed.

I hereby request prior approval to change from Full-time to Part-time enrollment status during the _____ 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.

- 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.
- Illness of an immediate family member (parent, stepparent, sibling, or other household member)...
Attach a letter from the doctor indicating the name of the patient, relationship to you, the type of illness, the date of the onset, and if the patient is still under a doctor's care or has been released.
- Death of an immediate family member (parent, stepparent, sibling, or other household member)...
Attach a copy of the obituary or notice of death from the newspaper. Indicate the deceased's relationship to you.
- Extreme financial hardship of student or student's immediate family (the family with whom the student lives)...
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 where continued full-time attendance would create a substantial hardship...
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 accurate to the best of my knowledge.

Student Signature: _____

Date: _____