

Tennessee Technological University

Tennessee Education Lottery Scholarship (TEL) Recipients Request permission to continue on TEL during the _____ semester, 20 _____

_____ **After dropping below full time or half time, or**
_____ **Total withdrawal from the university**

Send this form and supporting documentation to attn. Lottery Specialist, Office of Financial Aid, Jere Whitson 302 or P. O. Box 5076.

Name _____ Student ID _____

Address _____ Phone _____

_____ Email _____

Indicate the basis for your request below and attach verifiable documentation. **Forms will not be accepted without copies of proper documentation** (hospital, doctor, lawyer, etc.).

- _____ Major illness of student
- _____ Major illness or death of an immediate family member (parent, sibling, spouse, child)
- _____ Extreme financial hardship
- _____ Extraordinary circumstances beyond the student's control where continued enrollment status by the student creates a substantial hardship

Briefly describe your reason below: Use the back of this sheet if additional space is needed

Student's Signature _____ Date: _____

Office use only:

Administrative Action: Denied _____ Approved _____ Date: _____

Comments: