Lottery Appeal Form

Name____________________________________________     Date_________      Student ID_____________

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, state-
ment 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

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