

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 Ms. Jerri Winningham, Records Office, Derryberry Hall Room 102 or Box 5026.

Name _____ Soc. Sec. No. _xxx-xx-_____
(Last 4 number of SSN)
Address _____ Phone _____
_____ E-mail _____

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) Date _____

Student's Signature _____

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Office use only Denied _____ Administrative action: Approved _____
Date: _____ Comments: _____
