

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, Jare Whitson,
302 on 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.

_____ Major illness of student

_____ (parent, sibling, spouse, child)

_____ Extreme financial hardship

_____ Extraordinary circumstances where the student's continued enrollment in the institution 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: _____

Administrative Action: Denied Approved Date: _____

Comments: