

Jackson State Community College
TELS Request to Institutional Review Panel (IRP)
For Approval of Change of Enrollment Status

Name _____ Student SSN _____ Term _____
Last First M.I.

Withdrawal from school, dropping below six hours, or dropping below full-time enrollment status requires prior approval. Full-time students who drop below full-time after the census date may be required to repay part or all of the TELS award for the current semester and will automatically lose their scholarship for future terms. Approval may only be granted when there are **documented medical or personal grounds**.

If your request is approved, your TELS award will be reinstated for the next semester. If your request is denied, you may appeal directly to the Tennessee Student Assistance Corporation (TSAC) to the TELS Award Appeal Panel.

I hereby request prior approval to make the following enrollment change due to the reason designated below:

Check one: ___ Change from full-time to part-time status

 ___ Drop below six credit hours

 ___ Withdrawal from all courses

- 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 and indicate the 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 attendance or enrollment status 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 requirements: Each petition submitted should have a letter from the student signed and attached which details the circumstances and lists the classes the student wishes to drop (list of classes not needed if student is requesting to withdraw). All letters attached to this appeal must bear the signature of the author and contain the name of the student. All other 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