

**Jackson State Community College**  
**TELS Request to Institutional Review Panel (IRP)**  
**For Leave of Absence**

Name \_\_\_\_\_ Student SSN \_\_\_\_\_  
Last First M.I.

*A student may be granted a medical or personal leave of absence and resume receiving TELS award(s) upon resumption of attendance, so long as all other applicable eligibility criteria are met. **Approval may only be granted for 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. If your request is denied, and you take a leave of absence from your program of study anyway, you will lose your TELS award for all subsequent semesters. Denial of your request for a leave of absence can be appealed to the Tennessee Student Assistance Corporation (TSAC) to the TELS Award Appeal Panel.*

**I hereby request a leave of absence from my program of study beginning \_\_\_\_\_, due to:**  
dd/mm/yy

- Illness of student –
  - *Attach a letter from the student's doctor indicating the type of illness, the date of the onset, and if the student is still under a doctor's care or has 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 the student, 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. Indicate your relationship.*
- 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 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.*
- To fulfill a religious commitment required of all students of my faith -
  - *Attach a letter detailing the extraordinary circumstances beyond your control, and why those circumstances prevent you from fulfilling a particular eligibility requirement.*
- Participation in a JSCC internship or co-op program required or encouraged as part of the student's current academic program -
  - *Attach a letter from student's JSCC advisor stating the above.*
- Military mobilization for active duty of yourself, spouse, child, father, or mother
  - *Attach a copy of the military papers mobilizing you or your relative into active duty during your enrollment.*

Documentation requirements: All letters 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