



OFFICE USE ONLY	
Approved _____	Denied _____
By _____	Date _____

TELS Request for Leave of Absence

Name _____ Student ID _____
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 shall be requested from the Office of Student Financial Planning by completing this form. 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. 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 through the TELS appeal process.

I hereby request a leave of absence from my program of study beginning _____, due to the following :
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, current outstanding credit card debt, outstanding medical expenses not covered by insurance, etc. Also detail the monthly expenses for the family including minimum credit card payments, rent or mortgage, car payments and other installment payments, insurance, average phone and utilities food and clothing expenses.
 - 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 full-time attendance would create a 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 an internship or co-op program required or encouraged as part of the student's academic program
 - Attach a letter from student's 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.

All letters must bear the signature of the author and contain the name of the student. Letters authored by a dependent student must also bear the signature of one parent. 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 _____ Parent Signature (if student is dependent) _____ Date _____