



OFFICE USE ONLY  
Approved \_\_\_\_\_ Denied \_\_\_\_\_  
By \_\_\_\_\_ Date \_\_\_\_\_

## TELS Request for Change to Part Time Changing from Full-time to Part-time within a Semester

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

*Students enrolled in a full-time status as of the institutionally defined census date, may not convert to part-time status within the same semester and continue to receive a TELS award unless they are granted prior approval to do so based on documented medical or personal grounds.*

*If your request is approved your TELS award for the semester in which you change to part time will be prorated. If denied, and you drop to part time anyway, your TELS award for the semester will be prorated and you will not be eligible for TELS for any subsequent semester. Denial of your request can be appealed.*

I hereby request prior approval to change from Full-time to Part-time enrollment status during the \_\_\_\_\_ semester, due to:  
semester/year

- ☐ 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. Indicate the deceased's relationship to you.
- ☐ Extreme financial hardship of student or student's immediate family ( family with whom the student lives)
  - Attach a letter explaining 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 full-time 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.

*Documentation signature requirements: All letters attached to this appeal 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. In addition the following statement must be signed by the student and in the case of a dependent student, one parent.*

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

Office of Student Financial Planning  
1050 Union University Drive • Jackson, TN 38305-3697  
www.uu.edu/financialaid • Phone 731.661.5015  
[finaid@uu.edu](mailto:finaid@uu.edu) FAX 731.661.5570

