



## OFFICE USE ONLY

Receipt Date \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_

**TELS Request for Reinstatement Due to Grade Change**

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

*Students who obtain a grade change shall notify the Office of Student Financial Planning within 30 calendar days of the grade change and request reinstatement of the TELS Award. Request shall be made by submitting this form and required documentation to the Office of Student Financial Planning.*

*If a grade change makes a student eligible for a TELS award, the student can be awarded retroactively in the current award year. If the grade change affects the student's eligibility from the previous award year, the TELS award may be adjusted in the current award year. If the reinstatement of the award results in either an overaward situation, or exceeds the institution's cost of attendance for any semester, the institution shall make the necessary reductions in the student's financial aid package.*

*Denial of a request for reinstatement of TELS Award(s) can be appealed through the TELS appeal process.*

**I hereby request reinstatement of my TELS Award(s) for the \_\_\_\_\_ semester for the following reason:**  
semester/year

☐

A grade has been assigned for a class in which I previously had an incomplete

- *Attach notification from the Office of the Registrar listing the course and term which had been assigned the Incomplete, the date of change and letter grade assigned to the course, and the new TELS Cumulative GPA.*

☐

A grade for a class taken at Union University has been changed

- *Attach notification from the Office of the Registrar explaining the nature of the error, which grade was corrected and when it was corrected, and the new TELS Cumulative GPA.*

☐

A grade has been changed for other reasons

- *Attach notification from the Office of the Registrar explaining which grade was changed, when and why it was changed, and the new TELS Cumulative GPA.*

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  
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