NORTHEAST STATE
We're here to get you there

Change in Enrollment Status Appeal Form
Tennessee Education Lottery Scholarship

Complete the following information and return to:
Northeast State Community College
Financial Aid Office
2425 Highway 75 P.O. Box 246
Blountville, TN 37617
Fax: 423.323.0232

Name: _____
First MI Last

Student ID: _____ Telephone Number: _____

Address: _____
Street Apt. #

_____
City State Zip code

E-mail Address: _____@_____

Which semester are you appealing? _____

Indicate the type of appeal:

- ❑ Change in enrollment status. I am requesting my enrollment to be reduced to…
  _____3/4 Time (9-11 hrs) _____1/2 Time (6-8 hrs) _____ Less than 1/2 Time (5 hrs and below)
- ❑ Withdrawal from Northeast State

Indicate the reason for the appeal:

- ❑ Personal Illness
- ❑ Illness or death of immediate family member
- ❑ Extreme financial hardship
- ❑ Military mobilization for active duty
- ❑ Other extraordinary circumstance beyond student's control

To submit an appeal, provide the following information:

1. **Attach a detailed letter that is typed or legibly written explaining your petition for eligibility and list the actions you have taken to correct the situation (if applicable).**
2. **Enclose copies of supporting documentation (such as death certificate or statements from medical doctors, advisors, psychologists, etc.) Appeals will not be reviewed without verifiable documentation.**

I verify that all of the above statements and attached documentation are true and accurate.

Student Signature: _____ Date: _____

For Office Use Only

Request is: ❑ Approved ❑ Denied

Signature of IRP or Director: _____ Date: _____

Comments: _____

_____

Check after updating: EGrands _____ RPAAWRD _____ RHAACOM _____ Decision Letter _____