

Tennessee Education Lottery Scholarship (TELS) HOPE Scholarship Enrollment Appeal *or* GPA Review Request

Name:	Lee ID:	
Address:	Phone:	
	Email:	
	<u>rollment Change (This may occur for any of the following events)</u> : Continuation of TELS due to withdrawal from school	
	Continuation of TELS due to change of enrollment status within a term	
	Non-continuous enrollment: Leave of Absence for (Semester, Year)	
On what basis are	you appealing? Please indicate by checking one of the circumstances below: Illness of the student. (Medical documents required)	
_	Illness or death of an immediate family member of the student. (Hospital records, Physician's	
	statements, or Death Certificate required)	
_	Religious commitment. (Church policy on required missionary work is required)	
<u> </u>	Extreme financial hardship of the student or student's immediate family. (Termination notices,	
	Loss of income, or medical bills should be documented)	
<u> </u>	Other extraordinary circumstances beyond the student's control. (Please document)	
You MUST subm	written description for the basis of your appeal (be specific) Provide supporting documentation	
TELS – HOPE G	PA Review (This may occur for one of the following):	
Check One:	Review a Grade Change (Must be submitted within 30 days of a grade change)	
	One Time GPA Regain at Benchmark Review	
_	One Time Course Repeat (see section HOPE Scholarship Repeat Course Provision)	
• •	ain the Hope Scholarship only once if they meet the GPA requirements at the next benchmark (and requirements are met). <i>The minimum GPA requirement may not be appealed.</i>	
communicated to arising from eligib provided by another	eceived your appeal, a decision will be made by the Institution's Review Panel (IRP) and you within 14 days. The authority of the IRP's shall be strictly limited to consideration of appeals fility determinations. Neither shall they have the authority to rule on the validity of any information er institution. Additionally, the panel does not have the authority to consider requests for exceptions GPA or curriculum track requirements.	

Student's Signature: _____ Date: _____

Tennessee Education Lottery Scholarship Program HOPE Scholarship Repeat Course Provision

Tennessee Student Assistance Corporation (TSAC) Rule 1640-1-19-.22 (2) – Calculation of Postsecondary Cumulative Grade Point Average

All credit hours attempted at all postsecondary institutions the student has attended after graduating from high school and their corresponding grades must be included in the calculation of the postsecondary cumulative grade point average, regardless of whether the receiving institution will apply the credit hours toward the student's degree requirements. Except as provided in subparagraph (a) of this paragraph, credit hours that were repeated shall be included in the postsecondary cumulative grade point average calculation, and are counted towards the limitation on credit hours.

calculation of their pos	tsecondary grade point average for purposes ours for both attempted courses, however, w	utilize only the higher of the two grades in the of determining continued eligibility for a TELS ill be included in the one hundred twenty (120)
College/University Atte	ending:	
Name of institution oth	er than the college or university listed above	
Please identify the cou	ırse you would like to use.	
	Course Name & Number (i.e. F	English 101)
Number of Hours (i.e.3)	Semester/Year Taken & "Grade" (i.e. Fall/2019 "C")	Semester/Year Retaken & "Grade" (i.e. Spring/2020 "A")
be used for the purpose	of determining whether or not I meet the conti- point average calculated is determined as if the	o understand the repeat course option shall only nuation requirements for the HOPE Scholarship ne only attempt at the course was the attempt in
Student's Signature:		Date: