LEMOYNE-OWEN COLLEGE
TELS APPEAL FORM

* Required

1. Student ID Number*

2. First Name *

3. Last Name*

4. Date of Birth *

5. LOC Email (required) *

6. Date of Birth *

7. LOC Email (required) *

8. Please choose from the options below your reason for filing an appeal.
Sufficient documentation MUST be provided in order for a request to be reviewed. This includes a written statement by the student.

Please note that students cannot appeal for an unsatisfactory Lottery GPA.
• Leave of Absence requests MUST be submitted prior to the term a student is requesting to sit out. *

_____ Personal Illness
_____ Illness or Death of an Immediate Family Member

_____ Extreme Financial Hardship of Student or Student's Immediate Family

_____ Religious Commitment

_____ Military Service

_____ Participation in Internship or Co-Op Program

_____ Pregnancy

_____ Other

9. Explanation of Circumstances:

Please provide your explanation of circumstances in a separate typed document. Failure to provide sufficient information and supporting documentation may result in your appeal being denied. Documents can be emailed to financialaid@loc.edu.

Please include your name and student ID number on all documents.

Types of Documentation:

a. Family death – death certificate
b. Medical & mental health situations – medical records from doctor or letter from doctor or psychiatrist.
c. Personal hardship- mortgage/rent documents, W2 or other financial bills that document financial hardships).
d. Program of Study courses – Education Plan from Advisor*

10. The Institutional Review Panel (IRP) will review appeals, and the student will be notified of the panel's decision via your LOC email. If you wish to further appeal the decision rendered by the Institution Review Panel, a request for an appeal shall be delivered to TSAC within forty-five (45) calendar days from the date of this decision letter. For more details, visit TSAC's website at: collegefortn.gov.

I hereby acknowledge that the above information is accurate to the best of my knowledge, and I do understand the Appeal process. *

_____ Yes, I agree

_____ No, I Disagree

11. The Institutional Review Panel (IRP) will review appeals, and the student will be notified of the panel's decision via your LOC email. If you wish to further appeal the decision rendered by the Institution Review Panel, a request for an appeal shall be delivered to TSAC within forty-five (45) calendar days from the date of this decision letter. For more details, visit TSAC's website at: collegefortn.gov.

I hereby acknowledge that the above information is accurate to the best of my knowledge, and I do understand the Appeal process. *

____ Yes, I agree

_____ No, I Disagree

For Financial Aid Office Only *IRP Use Only (for internal use only)

IRP Decision: _____ Approved _____ Denied

Appeals Committee Comments:
