

JSCC Appeal/Leave of Absence Request Form

Tennessee (Promise, Lottery, Reconnect)

Name: _____ JSCC Student ID #: _____
Address: _____ Telephone #: _____
City: _____ State and Zip: _____

For which semester are you appealing/requesting a leave of absence? _____ Year _____

Indicate the type of appeal:

- Dropping from full-time to part-time
- Dropping from part-time to less than part-time enrollment
- Part Time Enrollment
- Completely withdrawing from the semester
- Non-continuous enrollment for one or more semesters (requesting leave of absence for previous or future semester)
- Failure to enroll during the initial fall semester following high school graduation

Note: If you lost your scholarship due to GPA, you are not eligible to appeal the loss.

Indicate the reason for appeal:

- Personal Illness / Disability
- Illness or death of immediate family member
- Extreme financial hardship of the student or student's immediate family
- Military service
- Fulfillment of a religious commitment expected of members of the student's faith
- Circumstances beyond the student's control/other
- Participation in an internship or co-op program that is required or encouraged as part the academic program in which he or she is enrolled
- Issues related to COVID-19

Required Documentation:

Appeals will not be reviewed without verifiable documentation.

- Detailed signed letter explaining the request for an Appeal / Leave of Absence.
- Supporting documentation (see second page for examples of acceptable documentation).

Please read and initial the statements below:

_____ I verify that all information and documents I have provided are true and accurate.

_____ I understand if my Appeal / Leave of Absence request is approved, my Tennessee Promise, Lottery or Reconnect Scholarship will be reinstated beginning the semester I resume my education. If this request is denied and I take a leave of absence, I will lose my TN Promise, Lottery or Reconnect scholarship for all subsequent semesters.

Student Signature: _____ Date: _____

****RETURN THIS FORM TO THE FINANCIAL AID OFFICE – STUDENT UNION BUILDING or Fax to 731-425-9554****

For Office Use Only **Print student schedule and transcript from JWeb and attach to form**

Request is: Approved Denied

Signature of IRP ex-officio: _____ Date: _____

Reason for Appeal/Leave of Absence	Appropriate Documentation Examples
Major Illness of Student	<ul style="list-style-type: none"> • Statement from a medical doctor or other licensed healthcare provider indicating the type of illness or injury, the date of onset, and whether or not the student is still under medical care. This statement must be on appropriate letterhead and signed.
Major Illness or Death of an Immediate Family Member (Parent, Sibling, Spouse, or Child) with Whom the Student Lives	<ul style="list-style-type: none"> • Statement from a medical doctor or other licensed healthcare provider indicating the type of illness or injury, the date of onset, and whether or not the student is still under medical care. This statement must be on appropriate letterhead and signed. • Copy of obituary. • Copy of an official death certificate.
Extreme Financial Hardship of Student or Immediate Family with whom the Student Lives or Upon Whom the Student is Dependent	<ul style="list-style-type: none"> • A signed letter explaining, in detail, the nature of the extreme financial hardship and what action the student and/or family is taking to deal with the situation. • Documentation of the current family income (student and parents – if dependent), outstanding medical expenses not covered by insurance, etc. • Copies of court documents that will support the basis for appeal.
Fulfillment of Religious Commitment of all Students in a Specific Faith	<ul style="list-style-type: none"> • A signed letter indicating the name of the religion, how and when the student became a member of that religion, and the contact information of the local branch with which the student is affiliated. • A signed letter from a cleric or officer of the local branch of the religion stating what type of religious commitment is required of the student, when the commitment must be fulfilled, the time frame for fulfilling that commitment, and who is expected to fulfill that commitment.
Military Obligations of Student	<ul style="list-style-type: none"> • Copy of activation letter for student who is activated.
Other extraordinary circumstances beyond the student's control where continued attendance by the student creates a substantial hardship	<ul style="list-style-type: none"> • Any documentation to support your circumstances.
Participation in an internship or co-op program that is required or encouraged as part the academic program in which he or she is enrolled	<ul style="list-style-type: none"> • Proof of internship program • Letter from faculty advisor verifying required internship or recommendation of internship related to program of study.