



Name _____ CoSCC ID A _____
Phone No. _____ E-mail _____

Street Address _____ City _____ State _____ Zip Code _____

To submit an appeal, provide the following information:

- Attach a detailed letter explaining your reasons for the appeal
- Enclose copies of supporting documentation (death certificate, statement from medical doctor, advisor, minister, etc.)

Appeal form will not be accepted without verifiable documentation as outlined above.

Please check one:

- Change in enrollment status
- Withdrawal from Columbia State
- Exemption of timely enrollment
- Leave of absence request

My request is due to:

- Illness of myself
- Illness or death of an immediate family member
- Extreme financial hardship of one of my family members
- Military obligations of student or immediate family member
- Other extraordinary circumstances beyond my control

I understand that I will be notified of the Columbia State Review Panel's decision within 14 calendar days after the appeal is delivered to the Financial Aid Office.

I understand that if the appeal is denied, I will receive all documentation and then may re-appeal to TSAC within 45 days:

TSAC
C/o TELS Award Appeals Panel
404 James Robertson Parkway, Suite 1950
Nashville TN 37243

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

Student's Signature _____ Date _____

FOR OFFICE USE ONLY

Approved _____ Denied _____ Signed _____ Date _____

Comments _____

Date student was notified _____