



**TENNESSEE EDUCATION LOTTERY SCHOLARSHIP (TELS)
REQUEST FOR REINSTATEMENT OF TELS AWARD**

NAME _____ SSN _____

ADDRESS (CITY, STATE, ZIP) _____

E-MAIL _____ PHONE _____

Students who have been denied the TELS award based on incomplete grades or change of grades must request reinstatement of the TELS award within 30 days of the grade change.

GRADE CHANGE

SEMESTER _____ CURRENT HOURS _____

Semester
Course Number and Description
Old grade
New grade
Date of change with Instructor and Records

INCOMPLETE GRADE CHANGE

Semester
Course Number and Description
New grade
Date of change with Instructor and Records.

FA OFFICE USE

Financial Aid Comments:

Total Hours Attempted _____ Cummulative GPA _____

Financial Aid Administrator _____ Date _____