



TENNESSEE EDUCATION LOTTERY SCHOLARSHIP PROGRAM
REQUEST FOR CHANGE FROM FULL-TIME TO PART-TIME
ENROLLMENT

Print clearly:

Last Name		First Name	M.I.	Student ID Number	
Address			City	State	Zip
Local Telephone Number			E-Mail		

Summary of Circumstances

Please attach a detailed summary of the circumstances for which you are requesting a change from full-time to part-time enrollment. Please attach supporting documentation.

Student Signature

Date

Note: *Retention of your TELS funds is dependent upon the decision of the Institutional Review Panel.*

FOR OFFICE USE ONLY

_____ Request approved _____ Request denied

Reason for Denial: _____

Signature

Date

Comment added to RHACOMM
Response letter sent to student

Date: _____
Date: _____