



# TLS Request for Leave of Absence

Name: \_\_\_\_\_ SS# \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Semester for which you are requesting leave (ex: Fall 2007): \_\_\_\_\_

## Summary of Circumstances

Please **attach a detailed summary** of the circumstances for which you are requesting a leave of absence, and **supporting documentation**.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Mail to:  
UTM Financial Aid  
205 Administration Building  
Martin, TN 38238

OR

Fax to:  
731-881-7036

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

### OFFICE USE ONLY

\_\_\_\_\_ Request Approved

\_\_\_\_\_ Request Denied

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student notified: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signed*

\_\_\_\_\_  
*Date*