

**The University of Tennessee at Martin
Office of Student Financial Assistance**

Step #2: Appeal to Institutional Review Panel

Continue ONLY if Step #1: Request for Approval to Change Enrollment Status was denied.

Name _____ ID _____ Date _____
Phone No. _____ Email Address _____
Address _____

I understand that I will be notified, in writing, within 14 calendar days after the appeal is delivered to the Office of Student Financial Assistance for the Institutional Review Panel.

I understand if the appeal is denied, I may request an appeal, to include a written statement outlining the basis for the appeal, with the TELS Award Appeal Panel. This request must be within 45 calendar days from the date the decision was delivered to the student.

Student's Signature

Date

FOR OFFICE USE ONLY

Approved _____ Denied _____ Signed _____ Date _____

State reason for denial _____

Date student was notified of decision _____ Include step #3 appeal instructions.