Office of the Registrar

Tennessee Education Lottery Scholarship (HOPE Scholarship)

Appeals Request Form

To request an appeal, please submit the completed form to the Office of the Registrar along with:

1. A detailed letter of appeal explaining your petition for eligibility
2. Any relevant or supporting documentation

Name ____________________________________________________

Last First Middle

BU ID #: __________________________

Phone Number: ___________________________ Alternate Phone Number: _______________________________

E-mail Address: ____________________________________________________________

Mailing Address: ____________________________________________________________

Street City State Zip Code

For what semester are you appealing? __________________________

Please check which type of appeal applies:

☐ Change in enrollment status  ☐ Withdrawal from the University

Indicate the reason for the appeal:

☐ Personal Illness  ☐ Extreme Financial Hardship
☐ Military Service  ☐ Religious Commitment
☐ Other extraordinary circumstance beyond student’s control
☐ Illness or death of immediate family member

I certify that I have reviewed the HOPE Lottery Scholarship’s appeal guidelines. I also certify that all of the above statements and attached documentation are true and accurate.

Student’s Signature: ___________________________ Date: ______________________