

Dual Enrollment funding Program Exception Request due to Extenuating Circumstances

Refer to the GAfutures site for detailed information of the Dual Enrollment funding Exception requirements.

Please Print:

Student's Name _____

Last Name

First Name

MI

Address _____

City, State, Zip _____

Email _____ Phone _____

High School/Home Study _____ Academic Year _____

Postsecondary Institution _____ Term _____

Check reason you are requesting an Exception:

_____ Retake/repeat a Dual Enrollment funded course taken Summer term 2020 or later

_____ Title of the Dual Enrollment college course wishing to retake/repeat

_____ Withdrew from two (2) or more Dual Enrollment funded courses taken Summer term 2020 or later

_____ Title of the Dual Enrollment college course withdrawals

Check the circumstance you experienced and your reason for requesting an Exception: *See Page 2 for required supporting documentation

_____ Serious illness or serious injury

_____ Death of an immediate family member

_____ Required to provide care for an immediate family member

Please sign below, submit a personal letter of explanation, and attach required documentation*.

I certify that the information reported above, and on any other document or writing in connection with this request for consideration of an exception to the regulations of the HOPE and Zell Miller Scholarship Programs is or true, correct and complete to the best of my knowledge. I also certify that the underlying cause for or basis of this request for an exception is not attributed to any criminal act committed by me that resulted in either a conviction or a plea of guilty or nolo contendere by me. I authorize use of the information on this form by the Georgia Student Finance Commission in the determination of my eligibility for an exception to the HOPE and Zell Miller Scholarship Program regulations. I hereby authorize release and exchange of information between the Georgia Student Finance Commission and educational institutions, state and federal agencies, and private lending institutions from which student financial assistance is sought or obtained by me, and agree that such information exchanged may include financial, enrollment, academic status and legal residency information necessary to ensure proper administration of student aid programs by state, federal, and institutional program administrators.

Student's Signature

Parent's Signature

Student Print Name

Parent Print Name

Student's Social Security Number

Parent's Email Address

High School Advisor Signature

Postsecondary Advisor Signature

High School Advisor Print Name

Postsecondary Advisor Print Name

- An Exception does not allow for additional hours of Dual Enrollment program funding eligibility or funding cap.
- An Exception does not change a student's grades or GPA calculation.
- The Exception solely allows for continued participation in the Dual Enrollment program, up to the 30 semester or 45 quarter hours Funding Cap.
- All written Exception requests are presented to the Board of Commissioners at the quarterly scheduled meeting for review and a decision.

- Each individual recipient is limited to one exception and shall only apply to one school term.
- The student will be notified by mail, of the Board's determination, within seven (7) business days of the meeting. The Board's decision to approve or deny an exception request is final and cannot be appealed.

The following documentation, where applicable, is the minimum which must be submitted for a request to be considered:

Exception based on withdrawal due to serious illness or serious injury, death of an immediate family member or to provide temporary care of an immediate family member

- Signed letter from the student giving a full explanation of the circumstances for which the student is requesting an exception
- Official high school/home study and postsecondary institution transcripts* for student while participating in Dual Enrollment
- Medical documentation from physician(s), providing the following information
 - Diagnosis; and
 - Date(s) of diagnosis
- Copy of death certificate
- Statement from a medical professional providing care to the immediate family member and can document the student is the sole provider of care at home.

Exception based on request to retake/repeat a Dual Enrollment funded course

- Signed letter from the student giving a full explanation of the circumstances for which the student is requesting an exception
- Official transcripts high school/home study and postsecondary institution transcripts* for student while participating in Dual Enrollment

** Official transcripts must include each course(s) the student withdrew or wishes to retake.*

To Submit the Exception Request Form and supporting documentation:

Mail to: GSFC, Program Administration, 2082 East Exchange Place Tucker, GA 30084

Or, Send through a secure email to: Programadmin@gsfc.org