

**Dual Enrollment Funding Program
Exception Request due to Extenuating Circumstances**

Complete and sign this form and submit it with required documents indicated on page 2. Omission of documentation or incomplete requests may not be considered by the GSFC Board of Commissioners and may result in an automatic denial.

Please Print

Student's Name (First MI Last) _____

Address _____

City, State, Zip _____

Email _____ Phone _____

High School/Home Study _____ Academic Year _____

Postsecondary Institution _____ Term _____

Reason for Exception Request (check one)

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

Title of the Dual Enrollment college course(s) to be retaken/repeated

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

Title of the Dual Enrollment college course(s) from which the student withdrew

Extenuating Circumstance (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, complete page 2 of the form, and submit all documents as a single submission.

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 Dual Enrollment funding Program 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 Dual Enrollment funding Program regulations. I hereby authorize release and exchange of information between the Georgia Student Finance Commission and educational 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 and institutional program administrators.

Student's Signature

Parent's Signature

Student Print Name

Parent Print Name

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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.

Requests to continue participation in the Dual Enrollment funding Program after withdrawing from two courses OR to retake or repeat a Dual Enrollment course for which funding was received must be due to serious illness or serious injury, death of an immediate family member, or to provide temporary care of an immediate family member as a result of serious illness or serious injury. Requests must include the following items:

- Completed Exception Request form
- 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
- Documentation of specific extenuating circumstance
 - Medical documentation from physician(s), providing the following information
 - Diagnosis
 - Date(s) of diagnosis; and
 - Date of dismissal or prognosis if the student remains under the physician's care for this diagnosis; **or**
 - Copy of death certificate; **or**
 - 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

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

Submit all documents as a single electronic file in one of the acceptable formats by signing in to your GAfutures account, clicking "Document Upload", and selecting "Program Exception - Dual Enrollment Funding" from the drop-down list. (Acceptable file types: pdf, jpeg, png, bmp, tif, tiff).