

**LOUISIANA STUDENT FINANCIAL ASSISTANCE COMMISSION
OFFICE OF STUDENT FINANCIAL ASSISTANCE**

***Taylor Opportunity Program for Students (TOPS)
Bulletin***

TOPS BULLETIN NUMBER:	T2014-5
DATE ISSUED:	September 24, 2014
EFFECTIVE DATE:	Immediately
DISTRIBUTION:	College and University Financial Aid Offices and Registrars, LAICU Financial Aid Offices and Registrars, Louisiana Community and Technical College System Deans and Louisiana Community and Technical College System Personnel
TOPICS:	Exception Request Form

Effective immediately, the attached form is to be used by students when requesting an exception to the initial, full time, or continuous enrollment requirement and/or the 24 hour requirement for TOPS. Please destroy all old forms which you may have printed for your students' use.

The Office of Student Financial Assistance will no longer request or accept an Exception Request Form that contains a student's social security number.

The new Exception Request Form can be found online at
<https://www.osfa.la.gov/MainSitePDFs/exceptionrequestform.pdf>.

REQUEST FOR EXCEPTION FORM

TO THE INITIAL, FULL-TIME or CONTINUOUS, ENROLLMENT and/or 24 HOUR REQUIREMENT

Please follow the instructions on pages 2 and 3.

IT WILL TAKE A MINIMUM OF 4 TO 6 WEEKS TO PROCESS THIS REQUEST - IF IT IS COMPLETE

A. MY STUDENT INFORMATION: (Print or Type)

Full Name:			DOB: <small>mm/dd/yyyy</small>	LOSFA ID :
Permanent Address (Street or P.O. Box) (Check If New):			Current or Last College/University Attended:	
City:	State:	Zip:	Current or Last Semester/Quarter/Term Attended:	
Email Address:			College or University You Will Attend, if Reinstated:	
Home Phone: _____ (Check If New)			Semester/Quarter/Term You Plan on Returning to College:	
Cell Phone: _____ (Check If New)				

B. MY PROGRAM: (Check all that apply)

TOPS Award (Opportunity, Performance, Honors, and Tech) Rockefeller State Wildlife Scholarship TOPS Teacher Award

C. MY QUALIFYING EXCEPTION TYPE: [Check the applicable type(s).]

<input type="checkbox"/> 1 - Parental (Pregnancy/Maternity/Paternity) Leave	<input type="checkbox"/> 6 - Exceptional Educational Opportunity
<input type="checkbox"/> 2 - Physical Rehabilitation Program	<input type="checkbox"/> 7 - Religious Commitment
<input type="checkbox"/> 3 - Substance Abuse Rehabilitation Program	<input type="checkbox"/> 8 - Death of Immediate Family Member
<input type="checkbox"/> 4A - Temporary Disability – Self	<input type="checkbox"/> 9 - Military Service
<input type="checkbox"/> 4B - Care of Immediate Family Member with Temporary Disability	<input type="checkbox"/> 10 - Transfer to a Selective Enrollment Program
<input type="checkbox"/> 5 - Permanent Disability	<input type="checkbox"/> 11 - Exceptional Circumstances

D. I NEED AN EXCEPTION FOR THE FOLLOWING Semester(s)/Quarter(s)/Term(s):

E. MY SIGNATURE (Student's): _____

F. DATE: mm/dd/yyyy _____

OFFICIAL USE ONLY. (DO NOT MAKE ENTRIES BELOW.)

<p>Date Request Received: _____</p> <p>H. S. Graduation Date: _____</p> <p>Last Semester/Quarter/Term Paid: _____</p> <p>Academic Year Hours Earned: _____</p> <p>Requested semester/Quarter/Term(s): _____</p> <p>Cum GPA: _____ Total Hours Earned: _____</p> <p>Term Count: _____</p> <p>Suspended: <input type="checkbox"/> NO <input type="checkbox"/> YES After: _____</p> <p><u>Additional Action</u> Needed at Time of Update:</p>	<p>Comments:</p> <p><input type="checkbox"/> Disapproved</p> <p><input type="checkbox"/> Approved For:</p> <p>_____</p> <p>Reinstatement Approved For:</p> <p>_____</p> <p style="text-align: center;">SIGNATURE (Approval Authority) _____ DATE _____</p>
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For assistance with this form, send an email to TOPS.exceptions@la.gov.

INSTRUCTIONS for Request for Exception Form

IT WILL TAKE A MINIMUM OF 4 TO 6 WEEKS TO PROCESS THIS REQUEST - IF IT IS COMPLETE

Requirements to maintain TOPS eligibility: (1) enroll for the first time as a full time student no later than the semester immediately following the one year anniversary of high school graduation; (2) enroll as a full time student each semester; (3) remain continuously enrolled during each semester; and (4) **earn** at least 24 hours during each academic year.

Section A. Insert all information requested. Your email address and your phone numbers should be the best numbers at which you can be reached in case additional information is required for your request for exception. Your LOSFA ID number can be found on any correspondence that you have received from LOSFA regarding your TOPS award and on the Louisiana Award System (LAS) at www.osfa.la.gov/AwardSystem/. Creating an account on the LAS will also allow you track your TOPS status, including whether your request for exception has been granted.

Section B. Check the box that corresponds to the program for which you need an exception.

Section C. Check the box that corresponds to the type of exception you are requesting. Refer to the chart below to determine the type of exception your circumstances support.

Section D. Insert the semester/quarter/term that you did not enroll or resigned or you were not able to earn the hours you needed to meet the 24 hour requirement.

Section E. Sign the form.

Section F. Date the form.

You MUST provide (1) the completed and signed Request for Exception form, (2) your personal letter explaining the circumstances that lead to your need for an exception, (3) your official college transcript(s) and (4) the Required Supporting Documents listed for your Circumstances in the chart below.

Email the completed form, your personal letter, your official transcript(s) and all the required supporting documentation to TOPS.exceptions@la.gov. Do NOT send us your social security number. You can also submit your request via FAX to (225) 208-1618 or by mail to LOSFA, Legal – Exceptions Section, 602 North 5th Street, Baton Rouge, LA 70802. LOSFA must receive the completed Request for Exception form no later than the deadline that is printed at the bottom of the cancellation letter that was mailed to you. If you have not received a cancellation letter, submit your Request for Exception form as soon as possible after the event or circumstance that supports your request. **If your request is received after the deadline on the notice of cancellation, it will not be considered. Keep a copy of what you send for your records.**

CIRCUMSTANCES WARRANTING EXCEPTION TO THE INITIAL, FULL-TIME, AND CONTINUOUS ENROLLMENT REQUIREMENTS AND TO THE 24 HOUR REQUIREMENT

CODE & TYPE	CIRCUMSTANCES	REQUIRED SUPPORTING DOCUMENTS	MAXIMUM
1 Parental Leave	You are/were pregnant or caring for a newborn or newly-adopted child less than one year of age.	(1) a written statement from a doctor of medicine who is legally authorized to practice certifying the date of diagnosis of pregnancy and the anticipated delivery date, or the actual birth date, OR (2) a copy of the hospital's certificate of live birth, OR (3) a copy of the official birth certificate or equivalent official document, OR (4) written documentation from the person or agency completing the adoption that confirms the adoption and date of adoption.	Up to 2 consecutive semesters (3 consecutive quarters) per pregnancy.
2 Physical Rehabilitation Program	You are/were receiving physical rehabilitation in a program.	(1) a statement of the reason for the rehabilitation, dates of absence from class, the necessity of withdrawing, dropping hours, etc., the semester(s) or number of days involved, and any supporting documents, and (2) a written statement from a qualified medical professional confirming the rehabilitation and the beginning and ending dates of the rehabilitation.	Up to 4 consecutive semesters (6 consecutive quarters) per occurrence.
3 Substance Abuse Rehabilitation Program	You are/were receiving substance abuse rehabilitation in a program prescribed by a qualified professional and administered by a qualified professional.	(1) a statement of the reason for the rehabilitation, dates of absence from class, the necessity of withdrawing, dropping hours, etc., the semester(s) or number of days involved, and any supporting documents, and (2) a written statement from a qualified professional confirming the rehabilitation and the beginning and ending dates of the rehabilitation.	Up to 2 consecutive semesters or 3 consecutive quarters. Available once.
4A Temporary Disability – Self	You are/were recovering from an accident, injury, illness or surgery.	(1) a statement of your disability, dates of your absence from class, the necessity of withdrawing, dropping hours, etc., the semester(s) or number of days involved, and any supporting documents; and (2) a written statement from a qualified professional of the existence of a temporary disability, the dates of treatment, and opinions as to the impact of the disability on the student's ability to attend school.	Up to 4 consecutive semesters (6 consecutive quarters).
4B Care of Immediate Family Member (who has a Temporary Disability)	You are/were providing continuous care to your spouse, dependent, parent, stepparent, custodian (guardian) or grandparent due to their accident, illness, injury or required surgery.	(1) a statement of your family member's disability, the family connection, dates of your absence from class, the necessity of withdrawing, dropping hours, etc., the semester(s) or number of days involved, and any supporting documents; and (2) a written statement from a qualified professional of the family member's temporary disability and the beginning and ending dates of treatment; and (3) a statement from a family member or qualified professional confirming the care you gave; and (4) a written statement from a parent or other documentation confirming the family connection.	Up to a maximum of 2 consecutive semesters (3 consecutive quarters).

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5 Permanent Disability	You are permanently disabled in a manner that prevents you from attending classes on a full-time basis.	(1) a description of the disability and an explanation why the disability restricts you from attending classes less than full-time, and (2) a written statement from a qualified professional stating the diagnosis of and prognosis for the disability, stating that the disability is permanent, and opining why the disability restricts the student/recipient from attending classes full-time despite medications, accommodations, therapy and/or treatment.	Up to the equivalent of 8 full-time semesters of postsecondary education in part time semesters.
6 Exceptional Educational Opportunity	You are/were enrolled in an internship, residency, cooperative work, or work/study program or a similar program that, in the written opinion of your academic dean, will enhance your education.	(1) a written statement from the college/school official that you are a student at the school/college and that the program is offered or sponsored by the college/school, or (2) a statement from the dean of your college or the dean's designee that the program is related to your major and will enhance your education. The statement must include the dates of leave of absence, the semester(s) or number of days involved, and the beginning and ending dates of the program.	Up to 4 consecutive semesters (6 consecutive quarters).
7 Religious Commitment	You are a member of a religious group that requires you to perform certain activities or obligations to be a member of that group, which necessitate taking a leave of absence from school.	(1) a statement explaining the necessity of withdrawing, dropping hours, etc.; the semester(s) or number of days involved; and the length of the religious obligation, and (2) a written statement from your religious group's governing official documenting the group's requirement, the necessity of the leave of absence, and dates of the required leave of absence.	Up to 5 consecutive semesters (8 consecutive quarters).
8 Death of Immediate Family Member	Your spouse, parent, stepparent, custodian (guardian), dependent, sister, brother, stepsibling or grandparent dies.	(1) a copy of the death certificate, or (2) a doctor's or funeral director's verifying statement, or (3) a copy of the obituary published in the local newspaper, and (4) if your last name is different from the deceased and you are not listed in the obituary, a written statement from a parent or other documentation explaining the family connection.	1 semester or 2 consecutive quarters per death.
9 Military Service	You are/were in the United States Armed Forces Reserves or National Guard called on active duty status or are/were performing emergency state service or enlisted or reenlisted are/were on active duty as a member of the regular United States Armed Forces.	(1) a statement of the dates of the required leave of absence, necessity of withdrawing, dropping hours, etc.; the semester(s) or number of days involved; and the length of duty (beginning and ending dates), and (2) a written certification from the military including the dates and location of active duty, or (3) a copy of your military orders or separation forms showing dates of active duty.	Up to the length of active duty service.
10 Transfer - Selective Enrollment Program	You completed the prerequisite program requirements for transfer to a Selective Enrollment Program.	(1) a statement of the semester(s) affected and the selective enrollment program in which you intend to enroll, and (2) a written statement from the dean of the college or the dean's designee certifying that you have or will complete your prerequisite requirements for transfer to the Selective Enrollment Program, and (3) the date you completed or will complete those requirements.	Up to 2 consecutive semesters or 3 consecutive quarters.
11 Exceptional Circumstances (See Note 1 Below)	You have/had circumstances that are not listed above that are exceptional and are/were beyond your immediate control that caused you not to enroll or fully or partially withdraw from college or prevented you from earning 24 hours.	(1) Submit a statement in a sworn affidavit signed by you in the presence of a notary detailing the circumstances that prevented you from completing the requirements to keep your TOPS award and explaining why you believe that the circumstances are exceptional and beyond your control; and (2) Submit documentation to corroborate your statement of the exceptional circumstances.	Up to 2 consecutive semesters or 3 consecutive quarters.

Note 1: The following situations ARE NOT exceptional circumstances:

- (a) You were not able to pay for your educational expenses due to your or your family's financial condition.
- (b) You dropped or failed one or more courses or withdrew from school to protect your grade point average or because you had difficulty with a course or you had difficulty arranging tutoring.
- (c) You were not aware of or did not understand the TOPS requirements to continue to receive your TOPS.
- (d) You thought (assumed) that advanced standing or correspondence course work credited outside the academic year would be applied to the TOPS 24 hour requirement.
- (e) You thought that the scholarship or award requirements for other programs, such as NCAA full-time enrollment requirements, were applicable.

- (f) You voluntarily withdrew from school to pursue other interests or activities or to move out-of-state.
- (g) You claim that you did not meet the TOPS requirements to continue to receive your TOPS because someone gave you advice that is contrary to the TOPS statute and rules, and your award letter with *Your Rights and Responsibilities*.
- (h) You failed to provide or respond to LOSFA's request for documentation to support your Request for Exception.
- (i) You were involuntarily dropped, suspended or required to withdraw from school by your college because of academics, scholastics, nonattendance or noncompliance with institutional regulations.
- (j) You were suspended or expelled from college for misconduct.
- (k) You were not allowed to register because of your failure to satisfy financial obligations.

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