LOUISIANA STUDENT FINANCIAL ASSISTANCE COMMISSION OFFICE OF STUDENT FINANCIAL ASSISTANCE

Taylor Opportunity Program for Students (TOPS) Bulletin

TOPS BULLETIN NUMBER:	T2012-07
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DISTRIBUTION:	College, University and LAICU Chancellors, Financial Aid Offices, Business Offices, Registrars and Auditors; Louisiana Legislators, Officials and the Congressional Delegation; Higher Education Board; Libraries; Commission Members; Technical College Campus Deans and Student Personnel Services Officers
TOPICS:	New TOPS Request for Exception Form

To assure that your Rules remain current, please record this document on your Bulletin index and retain it with your manual.

The TOPS Request for Exception Form has been revised. The revised form is attached below and can also be found at http://www.osfa.la.gov/MainSitePDFs/exceptionrequestform.pdf.

Please replace any copies of prior versions of the TOPS Request for Exception Form with copies of the revised form. Refer students to the web address above to print their own copies of the Request for Exception Form.

If you have questions concerning the TOPS Request for Exception Form or other TOPS matters, contact Dr. John Bell, TOPS Awards and Renewals Manager, at 225-219-7674 or by e-mail to <u>john.bell@la.gov</u>.

LOUISIANA OFFICE OF STUDENT FINANCIAL ASSISTANCE (LOSFA) <u>REQUEST FOR EXCEPTION</u>

TO THE INITIAL, CONTINUOUS, OR FULL-TIME ENROLLMENT AND/OR 24 HOUR REQUIREMENT

Read Instructions on Reverse Side. Complete and <u>SIGN</u> this form. Submit the form with your <u>PERSONAL LETTER</u> explaining the basis for the exception and attach all the documentation required for the exception, including official transcript(s) **TO:** LOSFA, Legal – Exceptions Section, 602 North 5th Street, Baton Rouge, LA 70802.

A. STUDENT INFORMATION (Print or Type)					
Name:	SSN:				
Permanent Address (Street or P.O. Box) (Check If New):	E-mail Address:				
City:	State: Zip:				
Current or Last Semester/Quarter Attended:	Semester/Quarter You Plan on Returning to College:				
Current or Last College/University Attended:	College or University You Will Attend, if Reinstated:				
B. PROGRAM (Check all that apply)					
TOPS Award (Opportunity, Performance, Honors, and Tech) Rockefeller State Wildlife Scholarship TOPS Teacher Award					
C. QUALIFYING EXCEPTION (Attach documents required b	y the INSTRUCTIONS on reverse side of this form)				
1 Parental (Pregnancy/Maternity/Paternity) Leave	6 Exceptional Educational Opportunity				
2 Physical Rehabilitation Program	7 Religious Commitment				
3 Substance Abuse Rehabilitation Program	8 Death of Immediate Family Member				
4A Temporary Disability – Self	9 Military Service				
4B Care of Immediate Family Member with Temporary Disability	10 Transfer to a Selective Enrollment Program				
5 Permanent Disability	11 Exceptional Circumstances				
D. I NEED AN EXCEPTION FOR Semester(s)/Quarter(s)/Ter	m(s):				
E. STUDENT'S SIGNATURE:	DATE:				
OFFICIAL USE ONLY. DO NOT MAKE ENTRIES IN THIS SECTION.					
Date Request Received:	Comments:				
Requested Semester/Quarter/Term(s):	Disapproved For:				
Cum GPA: Term Count:	Approved For:				
Suspended: NO YES After:	EC EC				
Additional Action Needed at Time of Update:	Reinstatement Approved For Term:				
	SIGNATURE (Approval Authority) DATE				

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

In order to maintain TOPS eligibility, you must 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 and, thereafter, enroll as a full time student each semester, remain enrolled continuously during each semester, and <u>earn</u> at least 24 hours each academic year, unless granted an exception. To be eligible for an exception, you must meet all TOPS requirements (except the initial, continuous or full-time enrollment or 24 hour requirement) and submit the signed and completed form and all documentation required for the exception, as listed in the table below, to LOSFA, Legal – Exceptions Section, 602 North 5th Street, Baton Rouge, LA 70802 so that it is received no later than six months after the date of the notice of cancellation. You should submit your request for exception as soon as possible after the occurrence of the event or circumstance that supports your request is received more than six months after the date of the notice of cancellation. You should submit sform and the supporting documents. You are encouraged to send your request via registered, certified or express mail so you will have proof of the submission date. For assistance with this form, call 1-800-259-5626.

Program Induministend by a qualified protessional. (1) a variation statement from a qualified professional confirming the exhabilition and the beginning and ending dates of the exhabilitation. quarters. Available outcomessant 4A Tempory You an verve recovering from an section (nping). (1) a completed exception reguest form including official college transcripts, the resont of the disability, dates of absence for on documents; and guarters. (1) a completed exception reguest form including official college transcripts, the resont of the disability, dates of absence form documents; and guarters. (1) a completed exception reguest form including official college transcripts, the resont of the disability, dates of absence form documents; and guarters. (1) a completed exception reguest form including official college transcripts, the resont of the disability, dates of absence from dates. (1) a completed exception reguest form including official college transcripts, the resont of the disability, dates of absence from dates intermation and the resont form dates intermation and provide and yo other perturbant information or documents; and guarters. (1) a completed exception reguest form including official college transcripts, and resont for the disability, and the second form the disability and the resont of the disability and the resont of the disability and the second form the disability and the resont of	CODE & TYPE	DEFINITION	Send your <u>PERSONAL LETTER</u> explaining your circumstances with the following REQUIRED DOCUMENTS:	MAXIMUM
Rehabilitation Program Construction of windowing, doping hours, etc., the sensitivity of mainfer days involved, and any other information or documents, and windowing characterization in a subtance due a program presched by a quildle professional of windowing, documents, incluster of the chabilitation, dies of absence from class, the accessity of windowing characterization required from adjuster of the intervient of a quild of mainfer days involved, and any other information or documents, and windowing characterization required mainfer days involved, and any other information or documents, and windowing characterization required mainfer days involved, and any other information or documents, and windowing characterization required mainfer days involved, and any other information or documents, and windowing characterization required mainfer days involved, and any other information or documents, and windowing characterization required mainfer days involved, and any other information. Sensitivity of consecutive sensitivity of a variety and and the quilt of the information of the disability of the days of the information. Sensitivity of consecutive sensitivity of a variety and the information of the disability, the days of the information of documents, and sensitivity of the information of the disability of the disability of the information of documents, and sensitivity of the information of the disability, due as on the information of documents, and sensitivity of the information of documents, and sensitity of the information of documents, and senstructure of	1 Parental Leave	You are/were pregnant or caring for a newborn or newly-adopted child less than one year of age.	(2) 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 a copy of the hospital's certificate of live birth or a copy of the official birth certificate or equivalent official	semesters (3 consecutive
Behalitation Program and administerior processmell by a qualified poissonal and administerior by a qualified poissonal. of withdrawing, dropping banse, ret., be semester() or number of days involved, and any other information or documents, and and administerior by a qualified poissonal. wereaster or a conservative quarters. 1A Transporta- Disability The active recovering from an accident, injury, titles or required surgery. 10 a completed acception request from including official college transcripts, the reason for the disability, cates of absence from class, the necessity of a conservative quarters). Up to 4 consecutive quarters). 18 Cate of functional with a state of disability or required surgery. 10 a completed acception request from including official college transcripts, the reason for the disability, cates of absence from class, the necessity of a completed acception request from including official college transcripts, a description of documenta, and with a vision, dispersite portion of documentation of documenta, and with a vision, dispersite portion of documentation of documentation of documentation of documentation with a vision, dispersite portion of documentation of documentation of documentation of documentation with a vision, documentation, dispersite portion of documentation of documentation of documentation of documentation with a vision, documentation of documenta vision, documentation of documentation of documenta vision, docu	Rehabilitation	You are/were receiving rehabilitation in a program.	of withdrawing, dropping hours, etc., the semester(s) or number of days involved, and any other information or documents, and	semesters (6 consecutive
Diability – Self Illness or required surgery. With assing dopping homs, etc., the semestrich or number of days involved, and any other perturbatin information or downness, and emergence of the temporary disability, the date of treatment, and options as to the impact of the disability on the student's ability to attend school. Up to a mainteen of a quality of the temporary disability and the student's ability, the tensor form the disability, due of absence from class, the necessity of the disability or number of days involved, and any other perturbatility of the disability of the student's ability of the temporary disability and the disability, the reason for the disability and the disability and the disability and the disability of the disability and the disability of th	Rehabilitation	abuse program prescribed by a qualified professional	of withdrawing, dropping hours, etc., the semester(s) or number of days involved, and any other information or documents, and	semesters or 3 consecutive
Family Member (With a Temporary Disability) Spouse, dependent, parent, stepparent, custodian (guordian) or grandparent due to an accident, illersa, injury or required surgery. statement from a qualified professional a offer family member, a qualified professional and on dary other periment information or documents; and (2) a written statement from a family member or qualified professional a confirming the care given by the student; and (and if dis student') stata maines in the family connection consecutive semesters (3) (2) a statement from a family member or qualified professional a confirming the care given by the student; and (d) of the student's statament from the immediate family member, a written statement from a parent or other documentiation explaining the family connection Consecutive semesters (3) (2) a written statement from the immediate family member, a description of the disability, the reason for the disability is paranent possible deception requires from including official college transcripts, and cooperative work, or work/study program or a simular program this s folated to your work/study program or a simular program this is soluted to your accident confirming the student's collegies changing requires from including official college transcripts, and cooperative work, or work/study program or a simular program this is soluted to your accident confirming and ending dates of the regizens by oil the student's collegies/study. To a statement from the college/study and the lenging study and the given program study at the science of a single and study at the student's soluted to your accident data study at the science of the regizens by distance and the science of a single and study at the science of a single and study at the science of the regizens by distance and the science of a single and study at the science of a single and study at the science and streastery or a written statement from the regisens spore			withdrawing, dropping hours, etc., the semester(s) or number of days involved, and any other pertinent information or 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	semesters (6 consecutive
Disability prevents you from attending classes on a full-time basis. Check of the stability extricts class attendance to less than full-time, and a dopining why the disability restricts the student/recipient from attending classes full-time. full-time sensesters of postscondary eclucation part time sensesters. 6 Exceptional Coportunity of specifically sponsored by your school that, in the opinion of the your academic dean, will enhance your eclucation. (1) a completed exception request from including official college transcripts, the necessity of withdrawing, dropping hours, etc., the sensester(s) or subscripts in the opinion of the your academic dean. Up to 4 consecutive sensesters (5) consecutive assents of the student's education. Up to 4 consecutive sensesters (8) consecutive assents of the student's education. 7 Religious Commitment You are/were a member of a religious group that require each sensest of a religious group that require each sensest of a religious group that require each sense. (1) a completed exception request form including official college transcripts, the necessity of withdrawing, dropping hours, etc., the senset(s) or absence from school. Up to 5 consecutive sensets (8 consecutive quarers). 8 Death of mediate Your spouse, parent, stepparent, custodian (guardian), dependent, sister, brother, stepsibling or grandparent des. (1) a completed exception request form including official college transcripts, and (2) a compt of the data certification form the indication official college transcripts, the dates of the require leave of absence, including dates), and (2) a cory of the datalt certification form the indication official colle	Family Member (With a Temporary	spouse, dependent, parent, stepparent, custodian (guardian) or grandparent due to an accident, illness,	 withdrawing, dropping hours, etc., the semester(s) or number of days involved, and any other pertinent information or 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 given by the student; and (4) if the student's last name is different from the immediate family member, a written statement from a parent or other documentation explaining the 	consecutive semesters (3
Educational Opportunity cooperative work, or work/study program or a similar program that is related to your major or you have-had an opportunity not specificall y sponsored by yours, school that, in the oppicarm of a similar member of a religious group that; requires you to perform certain activities or obligations, which necessitat taking a leave of absence from school. (2) a writen statement from the college/school official that the applicant is a sudent at the school/college and that the program is offered or sponsored by the college/school, or a statement from the deam of the college cert the darks of leave of absence, the semester(s) or number of days involved, the beginning and ending dates of the religious obligations, and obligations, which necessitat taking a leave of absence from school. Up to 5 consecutive quarters). Up to 5 consecutive quarters). 8 Death of Immediate dependent, sister, brother, stepsibiling or grandparent dies. (1) a completed exception request form including official college transcripts, and (2) a oxy of the death certificate or a doctor's or functal director's verifying statement or a copy of the oblituary published in the local newspaper, and (3) if the student's last name is different from the deceased and not listed in the oblituary, a writen statement from dactor's verifying statement or a copy of the oblituary and that the student/s date, and (3) a copy of the death certificate or separation forms including official college transcripts, 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 (3) a completed exception request form including official college transcripts, the dates of the required leave of absence, necessity of withdrawing, dropping hours, etc., the semester(s) consecu		prevents you from attending classes on a full-time	the disability restricts class attendance to 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,	full-time semesters of postsecondary education in
Commitmentrequires you to perform certain activities of obligations, which necessitut taking a leave of absence from school.In umber of days involved, and the length of the religious obligation, and (2) a written statement from the religious group's governing official evidencing the requirement necessitating the leave of absence including dates of the required leave of absence.Semesters (8 consecutive quarters).8Death of Immediate Family MemberYour spouse, parent, stepparent, custodian (guardian), dependent, sister, brother, stepsibling or grandparent dis.(1) a completed exception request form including official college transcripts, and (2) a copy of the data certificate or a doctor's or funeral director's verifying statement or a copy of the obituary published in the local newspaper, and (3) if the student's last name is different from the deceased and not listed in the obituary, a written statement from a parent or other documentation (2) a copy of the data cereption request form including official college transcripts, 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 form the military including the datas and location of active duty, or (3) a copy of the military orders or separation forms showing dates of active duty, or (3) a copy of the military orders or separation forms showing dates of active duty, or (3) a copy of the required leave of the required leave of absence, necessityUp to 2 consecutive semesters or 3 consecutive quarters.10Transfer - Selective Enrollment ProgramYou havehad exceptional circumstances (not listed abve), which are/were beyond your immediate showing date coreptional circumstances(Educational	cooperative work, or work/study program or a similar program that is related to your major or you have/had an opportunity not specifically sponsored by your school that, in the opinion of the your academic dean,	(2) a written statement from the college/school official that the applicant is a student at the school/college and that the program is offered or sponsored by the college/school, or a statement from the dean of the college or the dean's designee that the program is related to the student's major and will enhance the student's education. The statements must include the dates of leave of absence, the semester(s) or number of days involved, the	semesters (6 consecutive
Immediate Family Memberdependent, sister, brother, stepsibling or grandparent dies.(2) a copy of the death certificate or a doctor's or funeral director's verifying statement or a copy of the obituary published in the local newspaper, and (3) if the student's last name is different from the deceased and not listed in the obituary, a written statement from a parent or other documentationconsecutive quarters per death.9Military ServiceYou 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 are/were on active duty states Armed Forces.(1) a completed exception request form including official college transcripts, 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 a member of the regular United States Armed Forces.Up to he length of active duty, or (3) a copy of the military orders or separation forms showing dates of active duty.Up to 2 consecutive semester(s) or number of days involved, and the length of duty (beginning and ending dates), and (2) a written certification from the military orders or separation forms showing dates of active duty.Up to 2 consecutive duty service.10Transfer - Selective Enrollment ProgramYou nave/had exceptional circumstances (not listed above), which are/were beyond your immediate (See Note 1 Below)You have/had exceptional circumstances (not listed above), which are/were beyond your immediate control and require full or partial withdrawal from, or(1) Submit a completed exception request form; and (2) submit documentation to corroborate your statement of the exceptional circumstances.Up	0	requires you to perform certain activities or obligations, which necessitate taking a leave of	number of days involved, and the length of the religious obligation, and (2) a written statement from the religious group's governing official evidencing the requirement necessitating the leave of absence including dates of	semesters (8 consecutive
Reserves or National Guard called on active duty status or are/were performing emergency state service or enlisted are/were on active duty as a member of the regular United States Armed Forces.divpring 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 the military orders or separation forms showing dates of active duty.duty service.10Transfer - Selective Enrollment ProgramYou completed your program requirements for transfer to a Selective Enrollment Program.(1) a completed exception request form including official college transcripts and the semester affected, and (2) a written statement from the dean of the college or the dean's designee certifying that the student/recipient has or will complete his or her program requirements for transfer to a Selective Enrollment Program.Up to 2 consecutive semesters or 3 consecutive semesters or 3 consecutive (2) a written a some affidavit (from you) detailing the exceptional circumstances; and (3) Submit documentation to corroborate your statement of the exceptional circumstances.Up to 2 consecutive semesters or 3 consecutive quarters.	Immediate	dependent, sister, brother, stepsibling or grandparent	(2) a copy of the death certificate or a doctor's or funeral director's verifying statement or a copy of the obituary published in the local newspaper, and (3) if the student's last name is different from the deceased and not listed in the obituary, a written statement from a parent or other documentation	consecutive quarters per
Selective Enrollment Programtransfer to a Selective Enrollment Program.(2) a written statement from the dean of the college or the dean's designee certifying that the student/recipient has or will complete his or her programsemesters or 3 consecutive quarters.11Exceptional Circumstances (See Note 1 Below)You have/had exceptional circumstances (not listed control and require full or partial withdrawal from, or(1)Submit a completed exception request form; and (2)Up to 2 consecutive semesters or 3 consecutive (2)	9 Military Service	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	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	Up to the length of active duty service.
Circumstances (See Note 1 Below)above), which are/were beyond your immediate control and require full or partial withdrawal from, or(2) Submit a sworn affidavit (from you) detailing the exceptional circumstances; and (3) Submit documentation to corroborate your statement of the exceptional circumstances.semesters or 3 consecutive quarters.	Selective Enrollment		(2) a written statement from the dean of the college or the dean's designee certifying that the student/recipient has or will complete his or her program	semesters or 3 consecutive
	Circumstances	above), which are/were beyond your immediate control and require full or partial withdrawal from, or	(2) Submit a sworn affidavit (from you) detailing the exceptional circumstances; and	semesters or 3 consecutive

Note 1: The following situations are not exceptional circumstances:

(a) Financial conditions related to your ability to meet your educational expenses will not justify failure to meet the hours or continuous enrollment requirement.

(b) Dropping a course, failing a course, or withdrawing from school to protect your grade point average or because of difficulty with a course or difficulty arranging tutoring.

- (c) Not being aware of or understanding the requirements.
- (d) Assumption that advanced standing, or correspondence course work credited outside the academic year would be applied to the hours requirement.
- (e) Differing scholarship or award requirements for other programs, such as NCAA full-time enrollment requirements.

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- (f) Voluntary withdrawal from school to move out of state or pursue other interests or activities.
- (g) Claims of receipt of advice that is contrary to these rules, public information promulgated by LOSFA, award letters, and your Rights and Responsibilities.

(h) Failure to provide or respond to a request for documentation.

(i) An involuntary drop, suspension or withdrawal from enrollment because of academics, scholastics or failure to attend classes or to comply with institutional regulations.

(j) A suspension or expulsion for misconduct.

(k) An inability to register because of failure to satisfy financial obligations.