

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

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

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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 [john.bell@la.gov](mailto:john.bell@la.gov).

**LOUISIANA OFFICE OF STUDENT FINANCIAL ASSISTANCE (LOSFA)**

**REQUEST FOR EXCEPTION**

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

**Read Instructions on Reverse Side.** Complete and **SIGN** this form. Submit the form with your **PERSONAL LETTER** 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 5<sup>th</sup> Street, Baton Rouge, LA 70802.**

<b>A. STUDENT INFORMATION (Print or Type)</b>	
Name:	SSN: _____ - _____ - _____
Permanent Address (Street or P.O. Box) (Check If New <input type="checkbox"/> ):	E-mail Address: _____ Home Phone #: (____) _____ - _____ (Check If New <input type="checkbox"/> Cell Phone #: (____) _____ - _____ (Check If New <input type="checkbox"/>
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 by the INSTRUCTIONS on reverse side of this form)**

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

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

**E. STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**OFFICIAL USE ONLY. DO NOT MAKE ENTRIES IN THIS SECTION.**

Date Request Received: _____ H. S. Graduation Date: _____ Last Semester/Quarter/Term Paid: _____ Academic Year Hours Earned: _____ Requested Semester/Quarter/Term(s): _____ Cum GPA: _____ Total Hours Earned: _____ Term Count: _____ Suspended: <input type="checkbox"/> NO <input type="checkbox"/> YES After: _____ Additional Action Needed at Time of Update: _____	<b>Comments:</b>  _____
	<input type="checkbox"/> <b>Disapproved For:</b>  _____
	<input type="checkbox"/> <b>Approved For:</b>  _____ EC _____ EC
	<b>Reinstatement Approved For Term:</b>  _____
	_____ SIGNATURE ( <i>Approval Authority</i> )
	_____ 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 earn 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 5<sup>th</sup> 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 for exception. If your request is received more than six months after the date of the notice of cancellation, **it will not be considered. You must retain a copy of this form 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.

CODE & TYPE	DEFINITION	Send your <u>PERSONAL LETTER</u> explaining your circumstances with the following <b>REQUIRED DOCUMENTS</b> :	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 completed exception request form including official college transcripts, and (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 document, or 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 rehabilitation in a program.	(1) a completed exception request form including official college transcripts, 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 other information or 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 rehabilitation in a substance abuse program prescribed by a qualified professional and administered by a qualified professional.	(1) a completed exception request form including official college transcripts, 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 other information or 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 required surgery.	(1) a completed exception request form including official college transcripts, the reason for the disability, dates of absence from class, the necessity of 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 the disability on the student's ability to attend school.	Up to 4 consecutive semesters (6 consecutive quarters).
4B Care of Immediate Family Member (With a Temporary Disability)	You are/were providing continuous care to his/her spouse, dependent, parent, stepparent, custodian (guardian) or grandparent due to an accident, illness, injury or required surgery.	(1) a completed exception request form including official college transcripts, the reason for the disability, dates of absence from class, the necessity of 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 family connection	Up to a maximum of 2 consecutive semesters (3 consecutive quarters).
5 Permanent Disability	You are permanently disabled in a manner that prevents you from attending classes on a full-time basis.	(1) a completed exception request form including official college transcripts, a description of the disability, the reason for the disability, the reason(s) 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, and opining why the disability restricts the student/recipient from attending classes full-time.	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 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, will enhance your education.	(1) a completed exception request form including official college transcripts, and (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 beginning and ending dates of the program.	Up to 4 consecutive semesters (6 consecutive quarters).
7 Religious Commitment	You are/were a member of a religious group that requires you to perform certain activities or obligations, which necessitate taking a leave of absence from school.	(1) a completed exception request form including official college transcripts, 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 the religious group's governing official evidencing the requirement necessitating the leave of absence including 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 completed exception request form including official college transcripts, and (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 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 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 (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.	Up to the length of active duty service.
10 Transfer - Selective Enrollment Program	You 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 quarters.
11 Exceptional Circumstances (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 non-enrollment in, college	(1) Submit a completed exception request form; and (2) Submit a sworn 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.

**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.

- (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.