Early College Program Request for Exception

# Student Below Full Time Status – Continuation

**Name of staff person making the request:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

**High School/College/University:** Click or tap here to enter text.

**Contact email:** Click or tap here to enter text.

**Phone Number:**  Click or tap here to enter text.

Please fill out all information and send the completed form electronically to: [AOE.EarlyCollege@vermont.gov](mailto:AOE.EarlyCollege@vermont.gov)

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| --- |
| Student Name: Click or tap here to enter text. |
| High School: Click or tap here to enter text. |
| High School Counselor: Click or tap here to enter text. |
| Early College Partner: Click or tap here to enter text. |
| College Advisor/Counselor: Click or tap here to enter text. |

**Current Number of Credits student is taking at College**

Please list the current course titles and course numbers the student is taking:

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| --- | --- |
| Course Title | Course Number |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. |

Reason for falling below full-time status (check all that apply):

Heath issue

* Is there school documentation?
  + IHP
  + Medical Note
  + Other: Click or tap here to enter text.

Family Issue

* Is there school documentation?
  + School Counseling notes
  + EST Plan
  + Other: Click or tap here to enter text.

Other: **Click or tap here to enter text.**

**Please describe the actions taken to support maintaining full time status and the reason for requesting an exception to the Early College Program (please be specific):**

1. What assessments were used to decide the student was academically ready for the program? Click or tap here to enter text.
2. What counseling or supports were provided to the student to allow them to maintain full time status? Click or tap here to enter text.
3. Were other courses available and offered to this student so that they could maintain full time status? Click or tap here to enter text.
4. Was the student notified that dropping below full-time status would make them ineligible for the program? Click or tap here to enter text.
5. What are the extenuating circumstances? Click or tap here to enter text.

**Please identify the supports that will be in place for the student if they maintain part-time status:** Click or tap here to enter text.

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| Course Title | Course Number |
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| ***AOE Use Only:***  Request:  Approved Notification Date: Click or tap here to enter text.  Denied by AOE Staff:Click or tap here to enter text. Notification Date: Click or tap here to enter text.  If denied, reason(s): Click or tap here to enter text.  Notified: Click or tap here to enter text.  Date sent to Business Office: Click or tap here to enter text. |