UNIVERSITY OF TOCCOA FALLS

Funding Acknowledgements

Adapted from GAFutures.org

State Funding Eligibility

- The Georgia Student Finance Commission requires students to attend a Georgia high school, be a Georgia resident, **and** be a US citizen or eligible non-citizen to receive state funding.
- If students meet the eligibility requirements listed above:
  - 11th and 12th grade students are eligible, assuming the funding cap has not been exceeded (see below).
  - 10th grade students are *only* eligible with a minimum SAT score of 1200 or minimum ACT composite score of 26 in a single national test administration. *
- 9th grade students are not eligible.

**This limitation is set by GAFutures. 10th grade students can be accepted to and enroll in University of Toccoa Falls without test scores. However, the understanding is that these students will pay out of pocket for all courses until their 11th grade year.*

Limits of Georgia Dual Enrollment Funding Program

- Students that are eligible for funding can receive up to 30 credit hours free through the State.
  - These funded hours can be taken at the same institution or across multiple institutions.
- Students are permitted to receive funding for up to 15 credit hours each semester.
- Per Georgia state law, all male students who are at least 18 years of age must complete federal Selective Service requirements to receive program funding.

Retaking and Withdrawing from Courses

- Students cannot receive funding for the same course twice. *
- Students lose all GAFutures eligibility after their second course withdrawal.

**This includes courses that a student has withdrawn from.*

Taking Courses without Funding

- Students may choose to self-pay for credits/courses at the discounted rate of $250 per credit hour during their 10th grade year, if they have already used their 30 credit hours of funding, or are ineligible for funding.

Please read the following statement and sign below:

I acknowledge and understand the above conditions for Dual Enrollment Funding in addition to the guidelines set forth by GAFutures. I recognize that, as the student, I am responsible for keeping track of my funding eligibility — this responsibility does not fall to the high school counselor or to the UTF Dual Enrollment Coordinator. I recognize that a Funding Acknowledgements Form must be submitted to the University for each semester of enrollment.

Student Printed Name	Semester/Year	Parent Printed Name	Semester/Year
Student Signature	Date	Parent Signature	Date

For further information, please refer to https://www.gafutures.org/hope-state-aid-programs/scholarships-grants/dual-enrollment/frequently-asked-questions/ or contact us at de-admissions@utf.edu!

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Dual Enrollment Registration Form

Student Information

Last Name	First Name	Preferred Name	
Date of Birth	Phone Number	Email Address	Graduation Year

Course Selection – ☐ Summer ☐ Fall ☐ Spring   Academic Year: __________

Course Code/Name	Course Format		Second Choice (if requested course is full)	Second Choice Course Format	
	☐ Session A ☐ Session B	☐ 16-Week ☐ On Campus		☐ Session A ☐ Session B	☐ 16-Week ☐ On Campus
	☐ Session A ☐ Session B	☐ 16-Week ☐ On Campus		☐ Session A ☐ Session B	☐ 16-Week ☐ On Campus
	☐ Session A ☐ Session B	☐ 16-Week ☐ On Campus		☐ Session A ☐ Session B	☐ 16-Week ☐ On Campus
	☐ Session A ☐ Session B	☐ 16-Week ☐ On Campus		☐ Session A ☐ Session B	☐ 16-Week ☐ On Campus
	☐ Session A ☐ Session B	☐ 16-Week ☐ On Campus		☐ Session A ☐ Session B	☐ 16-Week ☐ On Campus

Student Participation

I give my permission to the University of Toccoa Falls to send an official UTF transcript to my high school official at the end of each semester. I understand that I am responsible for ensuring that I am abiding by the State's rules and regulations for Dual Enrollment.

Student Signature Date

High School/Homeschool Agreement

Name of High School /Homeschool

I recommend this student to participate in the dual enrollment program at University of Toccoa Falls. I understand the conditions of admission to the dual enrollment program as listed in the university catalog and certify that the student is qualified for participation.

Print Name of School Official	Signature of School Official	Date
Phone Number	Email Address	

Please email this form to de-admissions@utf.edu. If you have any questions, please contact us!