If your school has failed to make the Educational Credits for Exceptional Children (ECENC) Program Standards as stated or Reporting Requirements by stated deadlines and has been removed or terminated from participation, please fill out this form and include corrections, attachments and/or letters to become eligible for reinstatement.

Request for Review

To be completed by a school administrator or program manager. Use black ink if completing by hand.

General Information		
1. Person making request:	2. School name:	
3. School address:	4. School phone number:	
Change reason		
□ School clerical error or delay*	🗆 Other	
See attached letter of justij		ation/explanations
Change requested:	Requested effective date:	
If School error, explain in detail: Certification		
*Clerical errors made by the school administrator o	r program manager and delays in ma	king stated deadlines of such
documents shall not invalidate the statutory respon terminate the school from the ECENC Program. Upon days to make the adjustment and/or submit required and all related entities will be notified.	sibility of the Education Oversight Connection of any such error or del	ommittee (EOC) to remove or lay, the school has 10 working
If this request is denied, the school administrator or		C by copy of the form of your
right to ask for a review by writing to the EOC within Signature of person completing form:	Position & Email:	Date:
Completed Document attached	□ Supporting documentation attached	
For EOC use only		
Approved	Effective date:	
Denied	Reason for denial:	
Mail completed form to: SC Education Oversight Committee ATT	N: ECENC Program Edgar A. Brown Building S	wite EO2 120E Bandlaton Street

Mail completed form to: SC Education Oversight Committee ATTN: ECENC Program Edgar A. Brown Building, Suite 502 1205 Pendleton Street Columbia, SC 29201 Fax: 803.734.6167 Email: <u>hjones@eoc.sc.gov</u> Questions: 803.734.2714