



√ If Petition Denied and Student is appealing the process.

EXTENDED OPPORTUNITY PROGRAMS AND SERVICES PETITION

Semester in fault FALL 20____ SPRING 20____ Date entered EOPS: ____/____20____
 Participation for FALL 20____ SPRING 20____

INSTRUCTIONS: Complete FRONT SIDE of petition; and make appointment with EOPS Counselor. Students are limited to 4 Petitions. Those who have more will be disqualified from the program with the right to appeal to the Director.

Student ID _____ Last Name _____ First _____

Address: _____
Street # City State ZIP

Phone: (_____) _____

1. Reason(s) for petitioning (check all the reasons that apply):

- ____ I failed to comply with EOPS Mutual Responsibility Contract.
- ____ I received a semester GPA of less than 2.00.
- ____ I completed less than the required number of units.
- ____ I received W, F, NC and/or I in 50% or more of the courses attempted.
- ____ I have over 70 degree-applicable units accumulated (all units completed in all colleges).
- ____ I have been participating in EOPS for six semesters.
- ____ I am a transfer student with an overall GPA of less than 2.00
- ____ I did not meet requirements of CARE Agreement.
- ____ Other (please specify): _____

2. STUDENT: REASON FOR EXCEPTION

3. STUDENT: IF APPEALING:

Use a separate sheet of paper to describe in DETAIL reason(s) why an exception should be granted for you to continue receiving EOPS Services. Attach any medical or relevant documentation that supports your reason(s).

4. Major : _____ 5. Educational Objective: __ Certificate __ AA/AS Degree __ Transfer

6. Date you expect to complete educational objective: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

__ CARE
__ DSPS

__ UP!

__ 1st petition
__ 2nd petition

__ 3rd petition
__ 4th petition

COUNSELOR: REASON FOR APPROVAL/DISAPPROVAL:

COUNSELOR: RECOMMENDATION TO STUDENT/CONDITIONS OF APPROVAL:

EOPS Counselor's Signature

Date

APPEAL Approved _____ Denied _____

Comments:

EOPS Coordinator Signature

Date