



EOPS STUDENT APPEAL FORM

PERSONAL INFORMATION

Last Name: _____ First Name: _____ M.I. _____

Student ID: _____ Phone: _____

E-mail: _____

Preferred Method of Contact: Phone Email

STUDENT BACKGROUND

Major: _____ Educational Goal (check all that apply): Certificate Degree Transfer

How many units have you completed at WLAC? _____ Have you appealed before: Yes No

Semester Requesting Reinstatement: Fall _____ Spring _____

Why were you exited from EOPS?

- Did not complete 1st Contact
- Did not complete 2nd Contact
- Did not complete 3rd Contact
- Over 70 units/6 c

- 1st Appeal: \$100 off book grant
- 2nd Appeal: No Grant, only services
- 3rd Appeal: Exit Program

STUDENT STATEMENT (PLEASE COMPLETE ON BACK SIDE OF FORM – TURN OVER)

1. Please explain the nature of the circumstances that prevented you from meeting the terms of the EOPS/CARE/Next Up Mutual Responsibility Contract. Include the timeline and specific details; do not be vague.
2. What steps have you taken to ensure that you understand and will adhere to the requirements of the program?

Your statement is required to evaluate your appeal to be reinstated into the program. Please attach supporting documents for verification if necessary. The information you provide is confidential.

Student Signature: _____ Date: _____

NEXT PAGE FOR STUDNET STATEMENT

STUDENT STATEMENT

PLEASE DO NOT WRITE BELOW THIS SECTION - FOR OFFICE USE ONLY

Approved: Yes No

Number of Appeals: _____

Award Amount: _____

Reason for Rejection:

Units Currently Registered: _____ Remaining Semesters in EOPS: _____ Total DAU: _____

Director or Approved Designee: _____ Date: _____

Student Notified

Date: _____

Spoke to Student: Yes No

Time: _____

Left Message: Yes No

Staff Initial: _____