

Moreno Valley College

Extended Opportunity Programs and Services

APPEAL FORM

Fall 20\_\_\_\_ Spring 20\_\_\_\_ Semester

SUBMIT ANY SUPPORTING DOCUMENTATION AT THE TIME YOU SUBMIT YOUR APPEAL.

Please print and use pen only:

Name \_\_\_\_\_

\_\_\_\_\_

Last

First

Student ID Number

Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

City

State

Zip

List the reason(s) for this petition below.

I did not complete my responsibilities

\_\_\_\_ I did not meet THREE times with the EOPS

(Check all that apply):

Counselor.

\_\_\_\_ 2 Year Student Educational Plan

\_\_\_\_ Petition to drop ALL classes and return next

\_\_\_\_ Progress Report

semester.

\_\_\_\_ One Semester Educational Plan

\_\_\_\_ Program Warning (Type (s): \_\_\_\_\_)

\_\_\_\_ Other: \_\_\_\_\_

EXPLAIN the circumstances that prevented you from meeting your EOPS contract requirements. Appeals with documentation will receive more serious consideration (i.e., court documents, police reports, doctor's note, hospital record, etc.) Attach additional sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your signature certifies that the information on this form is complete and accurate and indicates your permission for EOPS staff to verify any data or information you submit.

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

**FOR OFFICE USE ONLY**

Date Rec'd by EOPS: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Initials: \_\_\_\_\_

Rec'd Book Loan Voucher:     Yes       No      Amount: \$\_\_\_\_\_

**Recommendation**

Staff/Counselor Comments:    Met \_\_\_\_\_ out of \_\_\_\_\_ responsibilities.

**Counselor's Recommendation:**     Full Voucher       Reduced Voucher       No Voucher

Other:

\_\_\_\_\_

Director's/Coordinator's Recommendation:

\_\_\_\_\_

\_\_\_\_\_

**Must complete all EOPS requirements for ( Spring / Fall ) \_\_\_\_\_ semester or no Books for the ( Spring / Fall ) \_\_\_\_\_ semester.**

Appeal:     Approved       Denied

Recommend:     Repeating classes taken in Spring / Fall \_\_\_\_ Use books already purchased.

Approved for:       Full Voucher       Reduced Voucher       No Voucher

\_\_\_\_\_

\_\_\_\_\_

Directors/Coordinator's Signature

Date

Entered into EOPS Database on \_\_\_\_\_ By \_\_\_\_\_