

EOPS Student Appeal Form

STUDENT NAME _____

SID # _____

SEMESTER/YEAR _____

PHONE # _____

EMAIL _____

Type of Appeal

- Program Eligibility Denial** Denial Reason _____
(New student applicant)
- Program Termination** Denial Reason _____
(Continuing student)
- Other (explain):** _____

REASONS WHY APPEAL SHOULD BE CONSIDERED

(Use other side if necessary or add an additional sheet)

Please explain any extenuating circumstances and/or share your reasoning for why you feel your appeal should be granted

Student Signature _____

Date _____

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OFFICE USE ONLY

Dean's/EOPS Director's Decision: Accept Appeal Deny Appeal

Rationale: _____

Dean's/Assistant Director's Signature _____

Date _____