



1111 Figueroa Place • Wilmington, CA 90744 • Phone: (310)233-4265 • Fax: (310)233-4124

EOPS/CARE/CAFYES REDUCED UNIT ENROLLMENT REQUEST FORM

STUDENT NAME

SID #

SEMESTER/YEAR

PHONE #

EMAIL

First semester EOPS/CARE/CAFYES student Continuing EOPS/CARE/CAFYES student

Number of units you are enrolled in this semester: _____

Are all units listed on your current EOPS/CARE/CAFYES Student Educational Plan (SEP)?

Yes No

You must meet with an EOPS/CARE/CAFYES counselor to discuss your request before it will be considered. Give this completed form to the counselor when you meet with him/her.

If you are in Special Programs & Services (SPS), please submit an SPS Unit Letter in place of this form.

I am currently carrying less than 12 units because of the following reason(s):

Working full time Working part time

Other reason(s): (Explain in detail specific reason(s). Use other side of paper if necessary)

Student Signature

Date

FOR EOPS/CARE/CAFYES OFFICE USE ONLY

Counselor Recommendation: Approve Deny

Counselor Signature

Date

Assistant Director's/ Dean's Decision: Approved Denied

Signature

Date