



EOPS/CARE OFFICE

1111 E. Artesia Blvd, U-6 • Compton, CA 90221 ♦ 1-310-900-1600, ext. 2912 ♦ www.compton.edu/

PROGRAM APPEAL APPLICATION

In order to continue to be eligible for EOPS/CARE, per state law, all EOPS/CARE students must meet minimal academic standards every semester. This academic standard is: maintaining a semester GPA of a minimum 2.000 & completing a minimum of 67% of your enrolled units. In addition all EOPS/CARE student must follow an approved Ed Plan & fulfill the EOPS/CARE Mutual Responsibility Contract (MRC). As you know an Ed Plan is only acquired from a counselor and the MRC is a form you signed during the EOPS/CARE New Student Orientation. Remember by signing you are agreeing to complying with everything on the Ed Plan & everything outlined in the MRC. Both the Ed Plan & MRC are crucial & map out what you need to do both academically (Ed Plan) & as an EOPS/CARE Student (MRC). Moreover, per state regulations, there is a limit on receiving EOPS/CARE services. So you are receiving this Appeal because your official academic record & your EOPS/CARE file indicate that you are no longer eligible to receive EOPS/CARE services because you fall in one or more of the following:

[] Limit 1: you have completed 70 degree-applicable units or more

[] Limit 2: you did not pass EOPS/CARE Program Probation

[] Limit 3: other reason- _____

NOTE: if you were on Program Probation & did not pass Program Probation because you did not attend the mandatory EOPS/CARE Program Probation Workshop, then you are not eligible to submit an Appeal.

INSTRUCTIONS

All applicants **MUST** submit the following in order for this Appeal to be considered for evaluation:

- Complete the Program Appeal Application (attached) in its entirety-NO EXCEPTIONS. Without this application, your appeal is incomplete & cannot be evaluated until submitted-NO EXCEPTIONS.
- Write an Appeal Letter in the space provided. **Without an appeal letter, this form will not be evaluated until submitted-NO EXCEPTIONS.** In this letter you must explain: 1)-why you are appealing; 2)-why you should be re-instated into the EOPS/CARE Program; be as specific as possible in your appeal letter for reinstatement; 3)- state any extenuating circumstance(s)* that should be taken into consideration.
*For more information on what is an extenuating circumstance(s), please see page 3 of this packet.
- Copies of any valid supporting document(s)/paperwork.

You must submit a completed Program Appeal Application, appeal letter, and any supporting document(s)/paperwork all together to the EOPS/CARE Office as soon as possible-NO EXCEPTIONS. Incomplete or late submissions will not be accepted-NO EXCEPTIONS.

KEEP IN MIND

- **Not submitting a Program Appeal Application, appeal letter, and/or supporting document(s)/paperwork at the same time will delay this appeal from being evaluated or will prevent this appeal application from being evaluated-NO EXCEPTIONS.**
- We advise you to make a copy of the Program Appeal Application, appeal letter, and all supporting document(s)/paperwork prior to submitting to the EOPS/CARE Office.
- You may or may not receive an email or phone call from us. So **YOU**, the student, must return to check the status of this appeal in person to the EOPS/CARE Office; we cannot give statuses over the phone-NO EXCEPTIONS.
- Submitting this Appeal does not guarantee nor does it imply that you have been, are, or will be re-instated into the EOPS/CARE Program.
- This appeal must be submitted in person and by the student applying only-NO EXCEPTIONS.
- **FINAL APPEAL DECISION IS FINAL-NO EXCEPTIONS.**
- Funding and space for the EOPS/CARE Program is limited, so all appeals are subject to availability of funds-NO EXCEPTIONS.
- You are submitting this appeal because you are no longer eligible for the EOPS/CARE Program; therefore, all appeals are not priority & appeals are filled on a first come, first served basis and by date submitted. This appeal still needs to be revised and your application for the term will be revised again for eligibility.
- This Program Appeal Application, appeal letter, and all document(s)/paperwork submitted become property of the state.
- **First name and/or last name on all documents/paperwork must be the same. They must all match, and they must all match with school records also. If your first name and/or last name is/are different, you must provide valid proof as to why your first name and/or last name is/are different-NO EXCEPTIONS. Also submitting documents/paperwork separately will either delay your appeal from being processed or your appeal WILL NOT be processed at all-NO EXCEPTIONS.**



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| OFFICE USE ONLY Date received/Staff initials: |
|---|

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PROGRAM APPEAL APPLICATION RECEIPT

Student ID# _____ Last name _____ First Name _____

Appealing for the term Fall 20 _____ Spring 20 _____ Summer 20 _____

ATTENTION APPLICANT:

THIS IS YOUR RECEIPT. SAVE FOR YOUR RECORDS. DO NOT LOSE. THIS IS THE ONLY PROOF YOU HAVE OF SUBMITTING WHAT IS DOCUMENTED BELOW. YOU MUST BRING THIS RECEIPT AND YOUR COMPTON COLLEGE SCHOOL ID WHEN YOU COME IN TO THE EOPS/CARE OFFICE AND CHECK FOR THE STATUS OF THIS APPEAL. WITHOUT THIS RECEIPT AND YOUR COMPTON COLLEGE SCHOOL ID, WE CANNOT ASSIST YOU IN A TIMELY MANNER. NO EXCEPTIONS.

The applicant submitted the following:

- Program Appeal Application
- Appeal letter
- Supporting document(s)/paperwork

OFFICE USE ONLY-Staff, please list all submitted document(s)/paperwork below if applicable:

The El Camino Community College District is committed to providing equal opportunity in which no person is subjected to discrimination on the basis of ethnic group identification, national origin, religion, age, sex, race, color, ancestry, sexual orientation, physical or mental disability or retaliation.



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PROGRAM APPEAL APPLICATION

Complete this form in its entirety & submit to the EOPS/CARE Office in person. Incomplete or late submissions will not be accepted-NO EXCEPTIONS.

I am submitting this appeal for the term of: Fall 20 _____ Spring 20 _____ Summer 20 _____

REASON FOR APPEALING

Your official academic records and your EOPS/CARE file indicate that you are no longer eligible for the EOPS/CARE Program for the following reason(s):

you have completed 70 degree-applicable units or more

you did not pass EOPS/CARE Program Probation

other _____

STUDENT INFORMATION

Student ID# _____ Date of Birth _____ Today's Date _____

Last Name _____ First Name _____ M. I. _____

Address _____ City _____, CA Zip Code _____

Telephone Contact Number _____ MyCompton Email _____@compton.edu

EDUCATIONAL GOAL

Please read the following & mark all that apply. Please write your major, type of certificate, and/or type of associate degree. **Keep in mind that this information must match with your approved Ed Plan.**

Transfer major _____

Name of transfer college/university _____ Year/semester you intend to transfer _____

Certificate _____

Associate Degree (AA/AA-T; AS/AS-T) _____

EXTENUATING CIRCUMSTANCE(S) THAT CAUSED INELIGIBILITY

Please read the following & mark all that apply. **Keep in mind that you must provide valid proof for each that you mark.**

A medical condition included but not limited to anything physical and/or psychological/psychiatric

Hospitalization

The death of a loved one

Financial hardship



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PROGRAM APPEAL APPLICATION LETTER

All students must submit a letter. Please write your letter in the following space. If you have reached the 70 or more unit limit explain why you should be re-instated. If you did not pass program probation, explain why you were unable to meet program probation, the circumstances that affected you, and how you will improve the following semester. **Use extra sheets if necessary & sign & date the bottom of this sheet.**

I understand that my decision to file an EOPS/CARE Appeal is voluntary, and I will abide by whatever decision is made in this regard. I understand that I must return to the EOPS/CARE Office to inquire in person about the status of my appeal. I have read, understand, and agree.

Student Signature

Today's Date

Received by-Staff Initials/Signature

Today's Date