



EOPS/CARE Office
 1111 E. Artesia Blvd ::: Room U-6
 Compton, CA 90221
 (310) 900-1600, ext. 2912
www.compton.edu/studentservices/eops

OFFICE USE ONLY
 Date received/Staff initials:

ATTENTION APPLICANT:

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

Student ID# _____ Last name _____ First Name _____

Appealing for [] Fall 20 _____ [] Spring 20 _____ [] Summer 20 _____

COMPTON CENTER EOPS/CARE PROGRAM APPEAL FORM CHECK OFF LIST & STUDENT RECEIPT

DO NOT PRINT THIS FORM DOUBLE SIDED

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

- [] Appeal Form
- [] Appeal Letter
- [] Supporting Documents/Paperwork

Staff please list all submitted documents/paperwork below:

All applicants please **NOTE** the following:

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 proof as to why your first name and/or last names is/are different.

Please Note: Funding and space for the EOPS and CARE Programs are limited. Openings and appeals are filled on a first come, first served basis and by date submitted. Also all appeals are subject to availability of funds.

Submitting this Appeal Form does not guarantee nor does it imply that you have been or are re-instated into the EOPS and/or CARE Programs. This Appeal Form still needs to be revised for eligibility. Also, **YOU**, the student, must return and check the status of this Appeal. You may or may not receive an email from us. Furthermore and as mentioned above, submitting this Appeal **incomplete and not submitting all documents/paperwork** at the same time delays this appeal from being processed or will prevent this appeal from being processed. Please submit this Appeal Form, Appeal Letter, and all applicable documents/paperwork at the same time and in person to:

El Camino College Compton Center
EOPS/CARE Office
 Room U-6
 (310) 900-1600, ext. 2912
www.compton.edu/studentservices/eops

All paperwork submitted becomes property of the state.
Do not mail this form in. NO EXCEPTIONS.

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.



Appeal Form

Fall 20 _____ Spring 20 _____ Summer 20 _____

Today's Date: _____ **Deadline: Thursday, September 17, 2015 by 4:00 pm (Tentative)** _____

ID# _____ Student Name: _____

State regulations require all EOPS/CARE students meet minimal academic standards. Also, per state regulations there is a limit to receive EOPS/CARE services. Your official academic records indicate that you are no longer eligible to receive EOPS/CARE services for the following reason(s):

- you have completed 70 degree-applicable units or more
- you did not complete at least 67% of the units for the courses you were originally enrolled in (Term Coursework)
- you did not maintain a semester GPA of 2.00
- you did not pass EOPS/CARE Program Probation
- Other: _____

You may appeal by writing a letter to the EOPS/CARE Appeals Committee explaining why you should be reinstated into the EOPS/CARE Program. Please follow the instructions below.

Instructions on Submitting an Appeal to the ECC Compton Center EOPS/CARE Program:

- 1.)- **APPEAL LETTER:** be specific in your appeal letter for reinstatement. Also state any extenuating circumstances* that the committee should take into consideration. Also, attach photocopies of appropriate documents/paperwork to support your appeal.
*an extenuating circumstance for EOPS/CARE is defined as: a medical condition included but not limited to anything physical and/or psychological/psychiatric, hospitalization, the death of a loved one, and/or a financial hardship.
- 2.)- Submit this appeal form, appeal letter, and any appropriate documents/paperwork by the deadline indicated on the top of this form in red.
- 3.)- Keep a copy of this appeal form, appeal letter, and documents/paperwork you submit for your records.
- 4.)- Please review the information on the table below for accuracy.

	Student Record	Minimum Standard
Semester Grade Point Average (GPA)	< 2.00	2.00 or above
Percentage of Term Coursework Completed	< 67%	67% or more
Maximum Time Limit	70 or more degree applicable units	< 70 degree applicable units
Other:		

I understand that my decision to file an EOPS/CARE Appeal is voluntary, and I will abide by whatever decision the EOPS/CARE Appeals Committee makes in this regard. I understand that I must return to the EOPS/CARE Office to inquire 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