

VENTURA COLLEGE

SET YOUR COURSE

ADMISSIONS & RECORDS OFFICE

4667 TELEGRAPH ROAD, VENTURA, CA 93003

PHONE: (805) 289-6457

VERIFICATION OF SERVICES DOCUMENTATION for LOSS OF ENROLLMENT PRIORITY & BOARD OF GOVERNOR'S (BOG) FEE WAIVER APPEAL FORM

This verification is to be completed by a Counselor to support the student request for appeal.

Student Name: _____ Student ID: _____

Counselor Information:

- The student is appealing their loss of enrollment priority &/or BOG Fee Waiver and must provide verification of their participation in your program.
- Complete this form only if the student has selected **Special Consideration** from your program, **Untimely Accommodations** (to be completed by EAC), or **Inability to Obtain Essential Support Services** on their appeal form.

STUDENT INSTRUCTIONS:

1. After the Counselor has completed it, attach this Verification of Services Documentation to your Loss of Enrollment Priority & BOG Fee Waiver Appeal Form.
2. Submit with completed appeal packet to the Admissions & Records Office by the appeal deadline.

Petition Term/Year: ☐ Fall ☐ Spring ☐ Summer Year 20_____

Section 1. Special Consideration for Program:

- ☐ **CalWORKs** ☐ **EAC** (Educational Assistance Center) ☐ **EOPS** (Extended Opportunity Programs and Services Office)
☐ **Veterans** ☐ **Other** (On campus service not listed above) _____

Student Status in Program:

Student Active in Program

Student NOT Active in Program

Plan for Student Success: (Brief explanation of actions student will take for their success; i.e. use additional support services)

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Section 2. Untimely Accommodation: (EAC Only; include explanation of service not provided in timely manner)

Section 3. Inability to Obtain Essential Support Services: (Brief description of how service was not available to student seeking appeal and how the student will gain access to these services in the future)

Name of Essential Support Service: _____

Section 4. Recommendation of Program:

I recommend the student be granted special consideration for appeal.

I do not recommend the student be granted special consideration for appeal.

OFFICE USE ONLY: Authorized signature from office verifying student information

(Name of) Program Designee: _____

Title: _____

Program Designee Signature: _____

Date: _____