



Loss of Enrollment Priority and/ Board of Governor's Fee Waiver (BOGFW) Appeal for Reinstatement

Last Name: _____ First Name: _____ Student ID# _____

My VCCCD Email: _____ Phone: () _____ - _____

Semester/Term requesting reinstatement: **FALL**

SPRING

SUMMER

Enrollment Priority Reinstatement Appeal only (check one) *ONLY if the condition below pertains to you:*

- ☐ I am enrolled in a high unit major or program (list major/program) _____ and following a current Student Educational Plan but have earned ninety (90) or more degree-applicable semester units at Moorpark College.
- ☐ I am enrolled in my Final Semester /Term (Add Final Semester/Term): _____

BOG Fee Waiver Reinstatement Appeal only (check one) *ONLY if one of the conditions below pertains to you:*

- ☐ Economic Situation: Verified evidence of an economic situation such as job loss, eviction, and homelessness. **Please provide a written statement and documentation supporting the circumstances such as an eviction notice, layoff/termination notice, unemployment statements, etc.**
- ☐ I was unable to obtain essential support services. **Please provide a written statement and documentation showing what services you were unable to obtain and why.**
- ☐ I would like to be granted special consideration as I am a student in one of these programs (check all that apply) **Must be verified and signed below by the appropriate Program Counselor or Director and include Verification of Services Form attached by Program.**
Signature: _____ Date _____
_____ CalWorks _____ EOPS _____ ACCESS _____ Veterans _____
- ☐ I have not enrolled at Moorpark College for two consecutive primary semesters (fall/spring) since I became ineligible for my BOGW Fee waiver.

BOG Fee Waiver and Enrollment Priority Reinstatement Appeal (check one) *ONLY if one of the conditions below pertains to you:*

- ☐ Extenuating Circumstances: such as verified illness, accident or circumstance beyond the control of the student. **I have attached documentation of the extenuating circumstance.**
- ☐ I have applied for the Disabled Student Programs and Services (ACCESS) and did not receive reasonable accommodation in a timely manner. **Must be verified and signed below by ACCESS counselor or Director.**

Signature: _____ Date _____

I declare under penalty of perjury that all information on this form is true and correct. I understand I must submit a new appeal each term I request to appeal my enrollment priority and/or BOG Fee Waiver and must provide evidence for the appeal each term. I understand this appeal will not change my academic standing.

Student Signature: _____ Date: _____

OFFICE USE ONLY

Committee Recommendation: Approve _____ Denied _____ Academic and/or Progress Improvement _____

Comments: _____ FAO Notification Date: _____

Dean or Designee Signature: _____

Date: _____