### 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 & CALIFORNIA COLLEGE PROMISE GRANT (CCPG) APPEAL FORM (BOG Fee Waiver is now California College Promise Grant)

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

Student Name:Student ID:			
<ul> <li>Counselor Information:         <ul> <li>The student is appealing their loss of enrollment priority &amp;/or CCPG and must provide verification of their participation in your program.</li> <li>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.</li> </ul> </li> </ul>			
<ul> <li>STUDENT INSTRUCTIONS:</li> <li>1. After the Counselor has completed it, attach this Verification of Services Documentation to your Loss of Enrollment Priority &amp; CCPG Appeal Form.</li> <li>2. Submit with completed appeal packet to the Admissions &amp; Records Office by the appeal deadline.</li> </ul>			
Petition Term/Year:			
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; e.g. use additional support services)			

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Section 2.	Untimely Accommodation: (EAC Only; include explanation of service not provided in timely manner)		
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Section 3.	Inability to Obtain Essential Support Services: (Brief descr	ription of how service was not available to student seeking	
	the student will gain access to these services in the future)		
Name of Essential Support Service:			
Hume or	Sential Support Sc. 1.cc.		
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OFFICE USE O	<b>DNLY:</b> Authorized signature from office verifying student information		
Name of Prog	gram Designee:		
Title of Progr	am Designee:		
Program Desi	ignee Signature:	Date:	