



Loss of Promise Appeal Reinstatement Form

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

My.vcccd Email: _____ Phone: () _____ - _____

Semester/Term requesting reinstatement: **FALL** **SPRING** **SUMMER**

Promise Reinstatement Appeal (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 the Promise

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.**

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 Loss of Promise 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: _____

Printed Name of Dean or Designee: _____