

## Loss of Promise Appeal Reinstatement Form

My.vcccd Email:	Last Name:	First Name:		Student ID#
Promise Reinstatement Appeal (check one) ONLY If one of the conditions below pertains to your  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:	My.vcccd Email:			_Phone: ( )
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Lave not enrolled at Moorpark College for two consecutive primary semesters (fall/spring) since I became ineligible for the Promise				ıte
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:	_	EOPSACCESS	Veterans	
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:	I have not enrolled at Mo	oorpark College for two consec	cutive primary semesters	; (fall/spring) since I became ineligible
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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 USEONLY  Committee Recommendation: Approve Denied Academic and/or Progress Improvement  Comments: FAO Notification Date:  Dean or Designee Signature: Date:	I have applied for the Dis	sabled Student Programs and Stely manner. Must be verified	Services (ACCESS) and di and signed below by ACC	id not receive reasonable CESS counselor or Director.
Student Signature: Date:	ACCESS Counselor or Direc	ctor Signature:	Da	ate
OFFICE USE ONLY  Committee Recommendation: ApproveDeniedAcademic and/or Progress Improvement  Comments:FAO Notification Date:  Dean or Designee Signature:Date:	I declare under penalty of perjury that request to appeal Loss of Promise and standing.	at all information on this form is to must provide evidence for the ap	rue and correct. I understa ppeal each term. I understa	nd I must submit a new appeal each term I and this appeal will not change my academic
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Dean of Designee Signature:	Comments:		FAO Not	ification Date:
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