

VERIFICATION OF SERVICES DOCUMENTATION for LOSS OF ENROLLMENT PRIORITY & PROMISE FORMERLY (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 Promise formerly 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 ACCESS), or Inability to Obtain Essential Support Services on their appeal STUDENT INSTRUCTIONS: 1. After the Counselor has completed it, attach this Verification of Services Documentation to your Loss of Enrollment Priority & Promise formerly BOG Fee Waiver Appeal Form. Submit with completed appeal packet by the appeal deadline. Fall Spring Summer Year 20 Petition Term/Year: Section 1. **Special Consideration for Program:** CalWORKs **ACCESS** (Accessibility Coordination Center & Educational Support Services) Veterans **EOPS** (Extended Opportunities Program & Services **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)



Section 2.	Untimely Accommodation: (ACCESS Only; include explanation of service not provided in timely manner)
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Section 3.	Inability to Obtain Essential Support Services: (Brief description of how service was not available to student seeking
	v the student will gain access to these services in the future)
Name of Ess	sential Support Service:
	
Section 4.	Recommendation of Program:
Section	Recommendation of Program:
I reco	ommend the student be granted special consideration for appeal.
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I do no	ot recommend the student be granted special consideration for appeal.
OFFICE USE OF	NLY: Authorized signature from office verifying student information
OFFICE OUL	ALY: Authorized signature from office verifying student information
(Name of) Pro	ogram Designee: Title:
(Name of) From	gram Designee:
	Data:
Program Design	gneeSignature: Date: