# Loss of Promise Appeal Reinstatement Form

**Last Name:** __________________________  **First Name:** __________________________  **Student ID#** __________________________

**My.vccd 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:** __________________________

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**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:**

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MC Loss of Promise Appeal Reinstatement Form Revd 03/13/2018