

Decisions will be emailed ONLY to your insite.4cd.edu email address

Extended Opportunity Programs and Services (EOPS)
2700 Leland Road, Pittsburg, California 94565-5197 Tel.: (925) 473-7480 Fax: (925) 432-3904

APPEAL FOR REINSTATEMENT OF FULL SERVICES

Summer _____ Fall _____ Spring _____

This form is ONLY to be submitted by students who have failed to honor their EOPS Mutual Responsibility Agreement in their last semester of enrollment in EOPS. Appeal applicants must have completed one semester in the EOPS program before submitting this form.

I. CONTACT INFORMATION:

Name of Applicant (Please Print) _____ Student ID Number _____

Street Address _____ City _____ State _____ Zip Code _____

E-mail Address _____ Phone Number _____

II. ACADEMIC HISTORY: (check all that apply)

Select your current academic standing.

I have appealed for reinstatement of full services to EOPS previously. Yes No

I am currently on LMC academic probation or dismissal status. Yes No

III. REASON(S) FOR APPEAL: (check all that apply)

In review of your last semester in EOPS, identify the program requirement(s) that you did not honor.

- Failure to fulfill EOPS counseling contact requirement.
- Failure to complete required 12 units or units as specified by approved EOPS or DSPS waiver.
- Failure to fulfill 2.0 minimum semester GPA requirement.
- Failure to submit or submitted late Academic Progress Report (APR).
- Failure to use Priority Registration to register for my next semester's courses.

ADDITIONAL INFORMATION REQUIRED ON REVERSE SIDE

For EOPS Office Use Only — Do Not Write In Space Below

Strengths
 HISTORY ACCOUNTABILITY DOCUMENTATION RELEVANCE PLAN OF ACTION CAPACITY

Weaknesses
 HISTORY ACCOUNTABILITY DOCUMENTATION RELEVANCE PLAN OF ACTION CAPACITY

Decision
 APPROVED W/OC APPROVED W/C: _____

Access
 EOPS STATUS APPEAL STATUS APPEAL DATE CORRESPONDENCE COMMENT

Communication
 DATE EMAILED: _____ EMAILED BY: _____

Notes: _____

