

LOS MEDANOS COLLEGE

This waiver request must be submitted to EOPS Office no later than 3pm on Friday, September 7th, 2018

EOPS will email a response to your Insite email address within 5 business day

Extended Opportunity Programs and Services (EOPS)

2700 Leland Rd, Pittsburg, CA 94565-5197 Tel: (925) 473-7480 Fax (925) 432-3904

Time/Unit Eligibility Limit Waiver—Fall 2018

Only Students, who have earned 70 degree-applicable units and wish to extend their eligibility for EOPS services, can request (1) additional semester by submitting this form. Students can submit up to a maximum of two (2) Time/Unit Eligibility Limit Waivers.

I.

Name of Applicant (Please Print) _____

Student ID _____

@insite.4cd.edu

Email Address _____

Phone Number _____

II. REASON FOR REQUEST

Complete all sections below:

- To date, how many credits have you earned? _____
- What is your major? _____
- Describe your educational goal? (Check all that apply)
 - Transfer With Degree/Without (target college): _____ AA/AS Certificate (field): _____
- How many additional units are required to achieve the educational goal stated above? _____
- During which term and year do you plan to achieve your educational goal?

Term: (check one)	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring
Year: (check one)	<input type="checkbox"/> 2018	<input type="checkbox"/> 2019
- I have previously requested an Eligibility Time Limit Waiver Yes No

III. STATEMENTS OF UNDERSTANDING

Read each statement below, and indicate that you understand each statement by initialing on the right and signing below.

INITIALS

- This waiver is only valid for one semester _____
- I should review my status with an EOPS counselor before submitting this waiver _____
- Approval of this waiver is not guaranteed _____
- EOPS will send an official decision to my "insite.4cd..edu" email address _____

Student Signature

Date

Office Use Only-Do Not Write Below This Line

Denied		Two Semester Max Reached: _____		Program History: _____	Other: _____
Approved		Remaining Semesters One: _____		Two: _____	
Access		Status: _____	Comment: _____	Correspondence: _____	Appeal Status: _____ Appeal Date: _____
Communication		File Copy: _____	Date email sent: _____	Sent By: _____	Date of Action: _____