

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

# **Waiver of Full-time Enrollment Request**

# (Valid for only the Fall 2018 semester)

Complete this form using dark blue or black ink. EOPS will communicate the status of your request to you in five (5) business days by e-mail. New EOPS applicants and continuing students that are not enrolled in 12 units must submit this waiver. Fall 2017 waivers must be received by the EOPS Office by **September** 7<sup>th</sup>, 2018

#### I. STUDENT INFORMATION

Name of Applicant (Please Print) :	Student ID #:	
E-mail Address:	Phone Number :	
@insite.4cd.edu		

## **II. REASON FOR REQUEST**

EOPS Implementation Guidelines require all students to be enrolled as full-time students; that is, 12 units in Fall or Spring. The EOPS Director issues waivers on a case-by-case basis to students who present evidence of their inability to successfully enroll full-time. Below, briefly describe the obstacle(s) that prevents you from enrolling full-time in the upcoming semester.

#### **III. CURRENT STATUS**

•	Are you currently applying to EOPS?
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- Have you previously requested a waiver of full-time enrollment?
- How many units are you currently enrolled in?

## **IV. STATEMENTS OF UNDERSTANDING**

After you have read and understood each of the following statements, write your initials in the right column.

• I understand that this waiver is only valid for one semester.	
• I understand that EOPS can only grant a waiver for students enrolled in 9-11.9 units.	
• I understand that approval of my waiver is not guaranteed.	
• I understand that EOPS will e-mail its decision about my request in 5 business days	

□Yes □No

□Yes □No

### For Office Use Only:

<b>Denied</b>	□Program History	□Units Enrolled:	Other:	
<u>Approved</u>	□Yes	□No	Conditional:	
Access	Status:	Comment:	Correspondence:	Appeal Status:
<b>Communication</b>	File Copy:	Email Date:	Sent By:	Date of Action:

Initial Below: