



EOPS/CARE OFFICE

1111 E. Artesia Blvd, U-6 • Compton, CA 90221 ♦ 1-310-900-1600, ext. 2912 ♦ www.compton.edu/

PROGRAM APPEAL APPLICATION

In order to continue to be eligible for EOPS/CARE, per state law, all EOPS/CARE students must meet minimal academic standards every semester. This academic standard is: maintaining a semester GPA of a minimum 2.000 & completing a minimum of 67% of your enrolled units. In addition all EOPS/CARE student must follow an approved Ed Plan & fulfill the EOPS/CARE Mutual Responsibility Contract (MRC). As you may know an Ed Plan is only acquired from a counselor and the MRC is a form you signed during the EOPS/CARE New Student Orientation. Remember by signing you are agreeing to comply with everything on the Ed Plan & everything outlined in the MRC. Both the Ed Plan & MRC are crucial & map out what you need to do both academically (Ed Plan) & as an EOPS/CARE Student (MRC). Moreover, per state regulations, there is a limit on receiving EOPS/CARE services. So you are receiving this Appeal because your official academic record & your EOPS/CARE file indicate that you are no longer eligible to receive EOPS/CARE services because you fall in one or more of the following EOPS/CARE limits:

- [] Limit 1: you have completed 70 degree-applicable units or more
- [] Limit 2: you did not pass EOPS/CARE Program Probation
- [] Limit 3: other reason _____

INSTRUCTIONS

All applicants MUST submit the following in order for this Appeal to be considered for evaluation:

- Complete the Program Appeal Application (pg. 3) in its entirety-NO EXCEPTIONS. Without this application, your appeal is incomplete & cannot be evaluated until submitted-NO EXCEPTIONS.
- Write an Appeal Letter in the space provided (pg 4.) **Without an appeal letter, this form will not be evaluated until submitted-NO EXCEPTIONS.** In this letter you must explain: 1)-why you are appealing; 2)-why you should be re-instated into the EOPS/CARE Program; be as specific as possible in your appeal letter for reinstatement; 3)- state any extenuating circumstance(s)* that should be taken into consideration.
*For more information on what is an extenuating circumstance(s), please see page 3 of this packet.
- Copies of any valid supporting document(s)/paperwork.

You must submit a completed Program Appeal Application, appeal letter, and any supporting document(s)/paperwork all together to the EOPS/CARE Office as soon as possible-NO EXCEPTIONS. Incomplete or late submissions will not be accepted-NO EXCEPTIONS.

KEEP IN MIND

- **Not submitting a Program Appeal Application, appeal letter, and/or supporting document(s)/paperwork at the same time will delay this appeal from being evaluated or will prevent this appeal from being evaluated-NO EXCEPTIONS.**
- We advise you to make a copy of the Program Appeal Application, appeal letter, and all supporting document(s)/paperwork prior to submitting to the EOPS/CARE Office.
- You may or may not receive an email or phone call from us. So **YOU**, the student, must return to check the status of this appeal in person to the EOPS/CARE Office; we cannot give statuses over the phone-NO EXCEPTIONS.
- Submitting this Appeal does not guarantee nor does it imply that you have been, are, or will be re-instated into the EOPS/CARE Program.
- This appeal must be submitted in person and by the student applying only-NO EXCEPTIONS.
- **ALL APPEAL DECISIONS ARE FINAL-NO EXCEPTIONS.**
- Funding and space for the EOPS/CARE Program is limited, so all appeals are subject to availability of funds-NO EXCEPTIONS.
- You are submitting this appeal because you are no longer eligible for the EOPS/CARE Program; therefore, all appeals are not priority & appeals are filled on a first come, first served basis and by date submitted. This appeal still needs to be revised for eligibility.
- This Program Appeal Application, appeal letter, and all document(s)/paperwork submitted become property of the state.
- **First name and/or last name on all documents/paperwork must be the same. They must all match, and they must all match with school records also. If your first name and/or last name is/are different, you must provide proof as to why your first name and/or last names is/are different-NO EXCEPTIONS. Also submitting documents/paperwork separately will either delay your appeal from being processed or your appeal WILL NOT be processed at all-NO EXCEPTIONS.**



EOPS/CARE OFFICE

1111 E. Artesia Blvd, U-6 • Compton, CA 90221 ♦ 1-310-900-1600, ext. 2912 ♦ www.compton.edu/

PROGRAM APPEAL APPLICATION

Complete this form in its entirety & submit to the EOPS/CARE Office in person. Incomplete or late submissions will not be accepted-NO EXCEPTIONS.

I am submitting this appeal for the term of: [] Fall 20 _____ [] Spring 20_____ [] Summer 20 _____

REASON FOR APPEALING

Your official academic records and your EOPS/CARE File indicate that you are no longer eligible to receive EOPS/CARE services for the following reason(s):

[] you have completed 70 degree-applicable units or more

[] you did not pass EOPS/CARE Program Probation

[] other _____

STUDENT INFORMATION

Student ID# _____ Date of Birth _____ Today's Date _____

Last Name _____ First Name _____ M. I. _____

Address _____ City _____, CA Zip Code _____

Telephone Contact Number _____ MyCompton Email _____@compton.edu

EDUCATIONAL GOAL

Please read the following & mark all that apply. Please write your major, type of certificate, and/or type of associate degree. **Keep in mind that this information must match with your approved Ed Plan.**

[] Transfer major _____

Name of transfer college/university _____ Year/semester you intend to transfer _____

[] Certificate _____

[] Associate Degree (AA/AA-T; AS/AS-T) _____

CIRCUMSTANCE THAT CAUSED INELIGIBILITY

Please read the following & mark all that apply. **Keep in mind that you must provide valid proof for each that you mark.**

[] A medical condition; included but not limited to anything physical and/or psychological/psychiatric

[] Hospitalization

[] The death of a loved one

[] Financial hardship



EOPS/CARE OFFICE

1111 E. Artesia Blvd, U-6 • Compton, CA 90221 ♦ 1-310-900-1600, ext. 2912 ♦ www.compton.edu/

PROGRAM APPEAL APPLICATION LETTER

All students must submit a letter. Please write your letter in the following space. If you have reached the 70 or more unit limit explain why you should be re-instated. If you did not pass program probation explain why you were unable to meet program probation, the circumstances that affected you, and how you will improve the following semester. **Use extra sheets if necessary. Sign & date the bottom of this sheet and the additional sheets also.**

I understand that my decision to file an EOPS/CARE Appeal is voluntary, and I will abide by whatever decision is made in this regard. I understand that I must return to the EOPS/CARE Office to inquire in person about the status of my appeal. I have read, understand, and agree.

Student Signature

Today's Date

Received by-Staff Initials/Signature

Today's Date