



**Program Verification Documentation for  
Loss of BOG Fee Waiver and/or Loss of Priority Registration**

Student's Personal Information	
B Number	Name
Email Address	Phone Number

This is to verify that the student listed above is an active participant in the program list below  
(Check the appropriate program):

- CalWORKs
- DSPS
- EOPS
- Foster Youth
- Veterans

I recommend the student noted above be granted special consideration for his/her appeal of the  
Loss of the BOGW Fee Waiver and Loss of Priority Registration for the following reason:

Justification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Staff from Program Indicated Above

\_\_\_\_\_  
Date

*Please attach this program verification document to your  
Loss of Enrollment Priority and/or Loss of BOGW Fee Waiver Appeal form.*