



BARSTOW COMMUNITY COLLEGE

Special Programs & Services

EOPS REINSTATEMENT APPEAL

This form is ONLY to be submitted by students who have failed to follow their EOPS Mutual Responsibility Agreement in their semester of enrollment in EOPS.

Please select the term of EOPS dismissal

Spring _____ Fall _____

I. CONTACT INFORMATION:

Name of Applicant

Student ID Number

E-mail Address

Phone Number

II. ACADEMIC HISTORY: Select your current academic standing (check all that apply)

I have appealed for reinstatement to EOPS previously Yes No

Decisions will be e-mailed ONLY to your my.barstow.edu e-mail address



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DIRECTIONS: Below, describe the circumstances that prevented you from following your Mutual Responsibility Contract (MRC) in your last semester of EOPS enrollment. If you had an extenuating circumstance attach a copy of all documents needed to support your appeal. The EOPS/CARE Dismissal Committee will evaluate all appeals on a case-by-case basis. If you need additional space, please attach a separate page.

I understand that all statements made above and/or in documents attached to this form are accurate and true to the best of my knowledge. I also understand that the decision to approve or deny my appeal is final and binding, ***with no option for a second appeal.*** Furthermore, I understand that EOPS will e-mail a decision to my.barstow.edu student e-mail address.

Student Signature

Date



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

MISSED REQUIREMENTS:

1ST COUNSELING CONTACT

STAFF CONTACT

2ND COUNSELING CONTACT

PASS 12 UNITS

2.0 SEMESTER GPA

ACCESS WAIVER:

YES

NO

ALLOWED UNITS WITH ACCESS WAIVER: _____

SUPPORTING DOCUMENTS:

DOCTOR NOTE

MEDICAL RECORDS

OTHER

DECISION:

APPROVED

DENIED (DENIAL REASON):

COMMUNICATION:

DATE EMAILED: _____

EMAILED BY: _____

NOTES: