



# EOPS/CARE Unit Waiver Request Form

*As an EOPS/CARE student, you must be enrolled full-time during the Fall and Spring semesters unless approved to be enrolled in less than full-time. Unit waiver requests are not guaranteed and approval will be determined by the EOPS/CARE Director. Notification of the status of your Unit Waiver Request will be sent to your student email @my.barstow.edu in 5-7 business days.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

B Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Have you submitted a unit waiver request form before? YES NO

Is this semester your last semester before graduating? YES NO

Are you reducing your units for medical reasons? YES NO

If applicable, which course(s) are you dropping? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

Current units \_\_\_\_\_ Units dropping to \_\_\_\_\_ Fall 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_

Please explain the reason you are submitting a unit waiver request and attach any supporting documentation.

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***\*Note: You must return all textbooks borrowed when dropping your course(s). If not returned two weeks after dropping your course(s), a hold will be placed on your student account.***

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
EOPS/CARE Counselor Signature Date

Counselor Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### OFFICE USE ONLY

\_\_\_\_\_  
EOPS/CARE Director Signature Date Appeal Status: Approved Denied

\_\_\_\_\_  
EOPS/CARE Program Staff Signature Emailed Date: \_\_\_\_\_ ARGOS