



EOPS/CARE Program Withdrawal

Please complete this form if you requesting to withdrawal from the EOPS/CARE program. By submitting this form, you understand that you will need to reapply during a Fall/Spring semester and complete the entire EOPS/CARE application process. An email notification of the status of your Program Withdrawal will be sent to your student email @my.barstow.edu.

Full Name: _____ B Number: _____

Please select the reason you would like to withdrawal from the EOPS/CARE program:

Student withdrawal due to marriage and/or CalWORKs/ TANF/ AFDC termination (CARE students).

Student withdrawal due to lack of resources (e.g. financial, child care).

Student withdrawal due to student or family-related problems (e.g. irregular attendance, illness, pregnancy, relocated out of area).

Student discontinued the program(s) due to lack of progress, academic difficulties or disqualification.

Student withdrawal due to other or unknown reasons (including incarceration, death, etc.).

Other (please specify): _____

Describe the reason for requesting a program withdrawal:

Please read and acknowledge the following:

I understand that I will no longer receive EOPS/CARE program services including but not limited to transportation assistance, textbook assistance, childcare stipends, school supplies, etc.

I understand that I must return all textbooks borrowed from the EOPS/CARE programs two weeks after I receive an email notification of my status. If not returned after two weeks, a hold will be placed on your student account.

I understand that I will need to reapply to the EOPS/CARE program if I would like to receive services but readmission is not guaranteed and is based on eligibility criteria.

Student Signature

Date

OFFICE USE ONLY

Banner (SGAEOPS/SGASADD)

EOPS/CARE Coordinator/Director
Signature

Emailed Date