

EOPS PETITION FORM

*** Please make an appointment with an EOPS counselor to submit this form.**

Student Name: _____ Student ID#: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I am a student in the following programs (check all that apply): CARE DSPTS CalWORKS Price Scholars

Have you filed an EOPS Petition before? **YES** **NO** If yes, what semester (term & year): _____

Reason(s) for petition: _____ EOPS Program Non-compliance _____ CARE Program Non-compliance
 _____ Less than full-time enrollment _____ Reinstatement to EOPS
 _____ High Unit Major
 _____ Other (specify) _____

Please tell us why you are filing this petition and why we should consider approving it. Be as specific and detailed as possible. *You may use additional sheets of paper if more space is needed.

Student Signature

Date

EOPS OFFICE USE ONLY

Counselor Recommendation:

Counselor Signature

Date

Petition Decision: **APPROVED** **NOT APPROVED**

Director Signature (or Designee)

Date

Original to Student

Copy to EOPS File