Loss of Enrollment Priority – Academic Standing (Title 5, 58108(n))

and/or BOG Fee Waiver Appeal (Title 5, 58621)

Appeal Deadline: Spring 2017 September 30, 2016 (Registration begins: 11/07/16)
Fall 2017 February 28, 2017

Note: Foster Youth and Former Foster Youth (up to age 24) are exempt from loss of both priority registration and BOG fee waiver

Last Name: ___________________ First Name: ___________________ Student ID# ______________

Chaffey Email: ___________________@panther.chaffey.edu Phone: ___________________

Minimum documents that must be included with this form:

☐ Unofficial Chaffey College Transcripts

To appeal loss of BOG Fee Waiver add the following:

☐ A typed narrative of your circumstances (1 page maximum)

Enrollment Priority Appeal Reasons: (check one)

☐ Academic/Progress Probation Extenuating Circumstances: verified illness, accident, or circumstance beyond your control (Acceptable documentation is doctor’s notes, accident report, hospital bill, etc.)

☐ I have been making significant academic improvement by completing my last semester with a minimum 2.0 GPA and completion of more than 50% of my coursework.

☐ I am a student with a verified disability who applied before the deadline, but did not receive an accommodation in a timely manner (attach verification from DPS)
  • Letter from the DPS Director or Counseling faculty member verifying did not receive accommodation in a timely manner (only if applicable)

Loss of BOG Fee Waiver: (check one)

☐ Academic/Progress probation Extenuating Circumstances: verified illness, accident, or circumstance beyond your control, including changes in economic situation (Acceptable documentation is doctor’s note, accident report, hospital bill, pay stubs, tax return, etc.)

☐ I have been making significant academic improvement by completing my last semester with a minimum 2.0 GPA and completion of more than 50% of my coursework.

☐ I am a student with a verified disability who applied before the deadline, but did not receive an accommodation in a timely manner (attached verification from DPS)
  • Letter from the DPS Director or Counseling faculty member verifying did not receive accommodation in a timely manner (only if applicable)

☐ I was unable to obtain essential support services (please include in your typed narrative)

☐ I would like to be granted special consideration as I am a student in one of these programs (check all that apply):

  _____ CalWORKS _____ EOPS _____ DPS _____ Veteran

☐ I have not enrolled at Chaffey College for two consecutive semesters (fall/spring) since I became ineligible for my BOG fee waiver

I declare under penalty of perjury that all information on this form is true and correct. I understand that this appeal form is void should I fail to make academic progress.

Student signature: ___________________ Date: ___________________

OFFICE USE ONLY

Committee Review Date ___________________

Committee Action: Approve Deny Semester GPA Cumulative GPA ___________________ ___________________

Comments: ____________________________

Signatures: ____________________________ ____________________________ ____________________________