



ENROLLMENT PRIORITY / BOG FEE WAIVER APPEAL

Last Name: _____ First Name: _____ MI _____ ID# _____

Email: _____ Phone# _____

INSTRUCTIONS:

1. Complete this form and bring it to Enrollment Services
2. Attach all required supporting documentations to this appeal for
 - a. A typed narrative of your situation
 - b. Copies of supporting documentations that support your circumstance
 - c. Current Student Educational Plan

Appeals are reviewed on a case by case basis and prioritized by the date received. You will be notified by email of the outcome. Outcomes of the appeal are final

Section 1. ENROLLMENT PRIORITY & BOG WAIVER APPEAL REASONS – Check all that apply

- Academic and/or Progress Improvement.** Students must demonstrate significant academic improvement to appeal
- Untimely Accommodation.** Approval is based on verified evidence of student with disabilities who applied for but didn't receive accommodations in a timely manner. (supporting documentation must be attached)
- Extenuating Circumstances.** Approval is based on verified evidence of circumstances beyond the student's control (attach typed narrative and supporting documentation)
- Final semester** at Long Beach City College (as evident on your student education plan attached)
- Over 100 Transferable Unit Limit.** Approval requires the student to have a declared major and following a student education plan attach education plan)

Section 2. LOSS OF BOG WAIVER ONLY – Check all that apply

- A change in a student's economic situation.** Supporting documentation must be attached (for example: job loss, eviction, homelessness, etc. to be considered for this provision)
- Evidence student was unable to obtain essential support services** Documentation should could include cancelled appointment notifications, emails, and statements from professionals on letterhead explaining how the loss of these services may have negatively impacted you
- Special consideration of factors** for Cal-Works, EOPS, DSPS, a Veteran Students (verified participation in the programs will be determined before this condition can be considered.

I declare under penalty of perjury that all information on this form is true and correct. This appeal does not reinstate other types of financial aid (those appeals are handle strictly in the financial aid office)

Student Signature: _____ **Date:** _____

FOR DISTRICT USE

Denied Approved Date _____

Reviewer _____ Print _____