

**Long Beach City College/Extended Opportunity Program and Services
(EOPS) ¾ Waiver form**

Name: _____

Last,

First

ID #

Are you enrolled or planning to enroll in Disabled Student Program and Services (DSPS)?

Yes ____ No ____ Units currently enrolled in _____

Reason for request:

(Please note, completion of the waiver does not guaranteed acceptance into the program as only 10% of new EOPS students are allowed)

(Office use only)

Approved by Director or Designee _____ date _____

Comments:
