

LOSS OF BOG FEE WAIVER APPEAL

This appeal applies for the following semester:
Fall 20____ Spring 20____ Summer 20____

Last Name: _____ First Name: _____ Student ID# _____

MPC Email Address: _____ Phone: _____

BOGF: I'M ON A BOG Fee Waiver Yes No

Loss of BOG Fee Waiver Appeal (check one if applicable):

Academic or Progress Probation due to extenuating circumstances (e.g., verified illness, or other circumstance beyond your control). Attach verifying documentation (doctor's statement, police accident report, etc.)

I have been making significant academic improvement by completing my last semester with a GPA of 2.00 or higher and completing more than 50% of my attempted semester coursework.

I have a verified disability and applied for an accommodation that I did not receive in a timely manner. Attach verifying documentation from ARC (DSP&S).

I have extreme financial hardship. Attach verifying documentation.

I was unable to obtain essential support services. Attach a detailed written statement/explanation.

I request special consideration as I am a student in one or more of these programs:
(Check all that apply and attach written verification from each program)

CalWORKs EOPS ARC (DSP&S) Veterans TRIO

I understand that by submitting this form I am NOT guaranteed an early registration date. I confirm that all of the information I have presented above is true and accurate. I understand that all appeal decisions are final.

Student's Signature: _____ Date: _____

FOR OFFICE USE ONLY		Committee Review Date: _____	
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	SAP Standing: _____	Semester GPA: _____ Cumulative GPA: _____
Comments: _____			
