

LOSS OF PRIORITY REGISTRATION AND/OR PROMISE GRANT FEE WAIVER APPEAL PETITION



Appeals are based on extenuating circumstances. Per Title 5, sections 58108 and 58621, students may appeal if they fall under the following conditions:

- Students who are placed on academic or progress probation for two consecutive primary semesters
- Students, with a disability, who applied for, but did not receive, timely, reasonable accommodation(s) from Disabled Students Programs and Services (DSPS)
- Students who have earned 100 or more degree-applicable semester units combined at both Las Positas College and Chabot College

To appeal your loss of priority registration status and/or your loss of Promise Grant Fee Waiver, return this completed petition, with supporting documentation, to the appropriate department indicated below. You will be notified of the outcome via your college Zonemail email account approximately 15 business days from the receipt of your request.

<hr/>	<hr/>	W
Last Name	First Name	Student ID (W) Number
<hr/>	<hr/>	() -
Zonemail Email Address	Phone Number	

Check all that apply: <input type="checkbox"/> Athletics <input type="checkbox"/> CalWORKs <input type="checkbox"/> DSPS <input type="checkbox"/> EOPS <input type="checkbox"/> Foster Youth <input type="checkbox"/> Veteran	
<p style="text-align: center;">Priority Registration Appeal</p> <p>I am appealing the loss of my priority registration status for the following reason:</p> <p><input type="checkbox"/> Extenuating Circumstance. Approval is based on evidence of extenuating circumstances. Qualifying extenuating circumstances are verified cases of accidents, illnesses, or other circumstances beyond the control of the student. <i>Attach documentation to verify.</i></p> <p><input type="checkbox"/> Disability. I provided all the necessary documentation to Disabled Students Programs and Services (DSPS) to verify my disability and educational/functional limitations, but did not receive timely, reasonable accommodation. <i>Attach documentation from DSPS to verify.</i></p> <p><input type="checkbox"/> I have earned over 100 units, and (a) I am enrolled in a high unit major/program AND/OR (b) this is my final semester before graduating from Las Positas College. <i>Attach a copy of your current student education plan to verify.</i></p>	<p style="text-align: center;">Promise Grant Fee Waiver Appeal</p> <p>I am appealing the loss of my Promise Grant Fee Waiver for the following reason:</p> <p><input type="checkbox"/> Extenuating Circumstance. Approval is based on evidence of extenuating circumstances. Qualifying extenuating circumstances are verified cases of accidents, illnesses, or other circumstances that might include documented changes in your economic situation or evidence that you were unable to obtain essential student support services. Extenuating circumstances also includes special consideration of the specific factors associated with Veterans, CalWORKs, EOPS, and DSPS student status. <i>Attach documentation to verify.</i></p> <p><input type="checkbox"/> Disability. I provided all the necessary documentation to Disabled Students Programs and Services (DSPS) to verify my disability and educational/functional limitations, but did not receive timely, reasonable accommodation. <i>Attach documentation from DSPS to verify.</i></p>
SUBMIT THIS DOCUMENT TO: Counseling Office, Bldg. 1600, Rm. 1616 (1st Floor)	SUBMIT THIS DOCUMENT TO: Financial Aid Office, Bldg. 1600, Rm. 1650 (2nd Floor)
I understand that this petition is subject to approval and, if approved, my priority registration status and/or Promise Grant Fee Waiver eligibility will be restored for one semester only.	
Student Signature	Date

Office Use Only:		Student Notified on:	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		<input type="checkbox"/> Reg. Date Changed <input type="checkbox"/> Attribute Applied	
Dean of Student Services Signature	DATE	Dean of Enrollment Services OR Financial Aid Officer Signature	DATE