



VERIFICATION OF SERVICES FORM
To appeal loss of Enrollment Priority and/or
Board of Governor's (BOG) Fee Waiver
(For CalWORKs, EAC, EOPS/CARE, and/or Veteran students only)

Student Name: _____ **Student ID:** 900 _____

Petition Term/Year: ☐ Fall ☐ Spring ☐ Summer Year 20 _____

COUNSELOR INFORMATION:

- This form is to be completed by a counselor to support the students request for appeal.
- The student is appealing their loss of enrollment priority and/or (BOG) Fee Waiver, and must provide verification of their participation in your program.
- Complete this form only if the student has selected **Special Consideration** from your program, **Untimely Accommodations** (for EAC only), and/or **Inability to Obtain Essential Support Services** on their appeal form.

STUDENT INSTRUCTIONS:

1. After the counselor has completed this form, attach it to your Loss of Enrollment Priority & (BOG) Fee Waiver Appeal Form.
2. Submit completed appeal packet to the Financial Aid Office.

Section 1. Special Consideration for Program:

☐ CalWORKs ☐ EAC (Educational Assistance Center) ☐ EOPS/CARE ☐ Veterans

Section 2. Student Status in Program:

☐ Student Active in Program ☐ Student **NOT** Active in Program

Section 3. Plan for Student Success:

(Brief explanation of actions student will take in the future to ensure their success; i.e. use additional support services)



Section 4. Untimely Accommodation:

(EAC Only; include explanation of service not provided in timely manner)

Section 5. Inability to Obtain Essential Support Services:

(Brief description of how service was not available to student seeking appeal, and how the student will gain access to these services in the future)

Program Counselor Signature: _____

Date: _____

Program Counselor Print Name: _____

Phone Number: _____