

OHLONE COLLEGE EOPS LETTER OF APPEAL

Date: _____

To: EOPS Director

From: _____

(Student Name)

(Student ID#)

What you are Appealing? (Attach documentation if applicable)

- Completed less than 9 units**
 - I can provide proof of completing at least 9 units last semester

- Completed less than 3 contacts**
 - I can provide proof that I completed at least 3 contacts

- Missed Orientation**
 - I can provide proof of why I was unable to attend Orientation

- 70 Degree applicable unit maximum**
 - I am a DSPS student and wish to continue in EOPS
 - I have a high unit major and would like 1 additional semester in EOPS

EOPS will respond to your appeal via email within 72 hours*.

***Note: You must wait 2 weeks to receive your EOPS Book Grant check if your appeal is approved and you are eligible to receive one.**

(Student's Signature)

Explanation: (EOPS/CARE Coordinator)

- _____
 Approved
 Denied

EOPS Director

Date