

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, along 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.

Name (first and last):		Student W Number:	
Zonemail Email Address:		Phone Number:	
Check all that apply: <input type="checkbox"/> Student Athlete <input type="checkbox"/> CalWORKS <input type="checkbox"/> DSPS <input type="checkbox"/> EOPS <input type="checkbox"/> Foster Youth <input type="checkbox"/> Veteran			
Priority Registration Appeal		Promise Grant Fee Waiver Appeal	
I am appealing the loss of my priority registration status for the following reason:		I am appealing the loss of my Promise Grant Fee Waiver for the following reason:	
<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. Attach documentation to verify.		<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 include special consideration with Veterans, CalWORKS, EOPS, and DSPS student status. Attach documentation to verify.	
<input type="checkbox"/> Disability. I provided all the necessary documentation to the Disabled Students Programs and Services (DSPS) to verify my disability and educational/functional limitations but did not receive timely, reasonable accommodation. Attach documentation from DSPS to verify.		<input type="checkbox"/> Disability. I provided all the necessary documentation to the Disabled Students Programs and Services (DSPS) to verify my disability and educational/functional limitations but did not receive timely, reasonable accommodation. Attach documentation from DSPS to verify.	
<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. Attach a copy of your current student education plan to verify.		<input type="checkbox"/> Disability. I provided all the necessary documentation to the Disabled Students Programs and Services (DSPS) to verify my disability and educational/functional limitations but did not receive timely, reasonable accommodation. Attach documentation from DSPS to verify.	
Submit this document to: Counseling Office, Bldg. 1600, Rm. 1616 (1 st floor)		Submit this document to: Financial Aid Office, Bldg. 1600, Rm. 1650 (2 nd floor)	
<input type="checkbox"/> <i>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.</i>			
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:		Dean of Enroll. Services OR FA Director Signature:	
Date:		Date:	