



**Appeal for One Additional Quarter
of EOPS/CARE Probation
(Extended Probation)**

Approved

Denied

Initials _____

Date _____

This is an appeal form for students who have just been disqualified from EOPS/CARE as a result of failing to meet satisfactory academic progress for three consecutive quarters.

If you have had unusual circumstances that led to your disqualification and they have now been resolved, you may appeal to extend your probation for *one* additional quarter. Please schedule an appointment with the Assistant Director no later than the **second week** of the quarter and bring this **completed appeal form** to the appointment.

Name: _____

SID: _____

E-mail: _____

Phone: _____

Explain unusual circumstances:

How were the issues resolved?