

MERCED COLLEGE
LOSS OF ENROLLMENT PRIORITY AND CALIFORNIA
COLLEGE PROMISE GRANT (CCPG) APPEAL FORM



PLEASE READ CAREFULLY

-Section 58108 and 58621 of subchapter 7 of chapter of division 6 of title 5 of the California Code of Regulations provides students with the right to appeal the loss of priority enrollment status and loss of CCPG eligibility due to extenuating circumstances, or where a student with a disability applied for, but did not receive reasonable accommodation in a timely manner. Extenuating circumstances are verified cases of accidents, illnesses or other circumstances beyond the control of the student.

-NOTE: The committee decision on your appeal is final. There is no further appeal process.

PLEASE PRINT ALL INFORMATION CLEARLY

Student Name- <i>Last, First, M.I.:</i>	Student ID:
Address- <i>Street, City, State, Zip:</i>	
Merced College Email:	Phone:

I am requesting a reinstatement of the following (check all that apply):

Enrollment Priority
 CCPG
 Term/s: _____

I am requesting a reinstatement of my enrollment priority and/or CCPG for the following reason:

Extenuating Circumstances
 Approval is based on evidence of unavoidable extenuating circumstances beyond your control, such as a death in the family, car accident, serious illness, eviction, etc. *To be considered, you **must provide a written statement and supporting documentation**, which may include such items as medical documents, death certificates, newspaper articles, funeral programs, statements from professionals on letterhead stationery, etc.*

I have a disability and applied for but did not receive a timely, reasonable accommodation
*To be considered, you **must provide a written statement and supporting documentation** regarding your situation.*

I have made significant academic improvement (CCPG only). I completed my last semester with a GPA of 2.00 or higher and completed more than 50% of my coursework.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

Enrollment Priority: Approved Denied Signature: _____ Date: _____

CCPG: Approved Denied Signature: _____ Date: _____