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- *Last, First, M.I.:*	**Student ID:**
Address- *Street, City, State, Zip:*	
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: _____

Return completed petition to the ADMISSIONS & RECORDS OFFICE @Admissions@mccd.edu

Revised 1/2020