

# Shasta College

Return completed petition to  
**ADMISSIONS & RECORDS OFFICE**

## LOSS OF CALIFORNIA COLLEGE PROMISE GRANT (CCPG) APPEAL

<b>Student Name</b> – Last, First, M.I.	<b>Student ID #</b>
<b>Address</b> – Street, City, State, Zip	
<b>Email</b>	<b>Phone</b>

*Note: Foster Youth and Former Foster Youth (up to age 24) are exempt from loss of their California College Promise Grant (BOG Fee Waiver) per Title 5 section 58621.*

**I am requesting a reinstatement of my California College Promise Grant (formerly: BOG Fee Waiver) for the following reason(s) (please check all that apply):**

- Academic/Progress probation Extenuating Circumstances: verified illness, accident or circumstances beyond the control of the student or other circumstances that might include documented changes in the student’s economic situation. Examples of documentation are doctor’s notes, accident report, loss of job, etc.
  
- I have been making significant academic improvement by completing my last semester with at least a 2.00 semester GPA and completed more than 50% of my semester coursework.
  
- I am a student with a verified disability who requested an accommodation, which Shasta College Disabled Students Programs and Services approved, but did not receive that accommodation within two weeks of that approval.
  
- I was unable to obtain essential support services. Essential student support services include, but are not limited to, services identified in the student education plan, and any services to which the student was referred. Please provide a written statement.
  
- I would like to be granted special consideration as I am a student in one of these programs. Check all that apply and check A or B below.  
      CalWORKS       EOPS       DSPS       Veterans
  - A. I have met all program requirements. Please attach Program Verification Letter and tell us in writing what steps you are taking to improve your academic and/or progress performance. Space is provided on the reverse side of this form.
  - B. I have not met the program requirements. Please provide a written explanation on the reverse side of this form.
  
- I have not enrolled at Shasta College for two consecutive semesters (fall/spring) since I became ineligible for my California College Promise Grant (BOG Fee Waiver), see attached unofficial transcript.

I declare that all information on this form is true and correct. I understand that this Appeal Form is void should I fail to make academic progress.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	Committee Review Date: _____
Committee Decision: Approved _____ Denied _____ Semester GPA _____ Cumulative GPA _____	
Enrollment Services/Follow-up Decision: _____	
Staff Signature: _____ Date: _____	

