Registration Appointment and BOG Appeal

- Students may appeal their registration appointment only if they have lost their priority based on probation/dismissal or are over 100 degree applicable units.
- Students may appeal their loss of BOG only if they have lost their BOG based on probation/dismissal.

Summer 20____  Fall 20____  Spring 20____

Last Name______________________________ First Name_________________________ ID#_____________________

College Email _______________________@insite.4cd.edu  Contact Phone (____)___________________________

Minimum documents that must be included with this form as well as those identified below:

☐ A written description of your situation AND a current educational plan

Registration Appointment Appeal Reasons (Check One):

☐ Academic/Progress Probation Extenuating Circumstances: Documented accident, illness or circumstances beyond the control of the student, or did not receive accommodations in a timely manner
☐ Academic/Progress Probation Significant Improvement: Demonstrating significant academic or progress improvement (2.0 in the last term or 50% completion)
☐ Over 100 degree applicable units in CCCCD: Documented academic extenuating circumstances, change of major, dual major, re-training, second degree, or did not receive accommodations in a timely manner
☐ Over 100 degree applicable units in CCCCD: Enrolled in a program of study that requires completion of 100 or more units

Loss of BOG Fee Waiver (Check One):

☐ Academic/Progress Probation Extenuating Circumstances: I have a documented accident, illness or circumstances beyond the control of the student, or other circumstances that might include documented changes in the student’s economic situation.
☐ Academic/Progress Probation Significant Improvement: I have demonstrated significant academic AND progress improvement (2.0 in the last term AND 50% completion)
☐ I have a verified disability and I applied before the deadline, but did not receive an accommodation in a timely manner
☐ I was unable to obtain essential support services
☐ I would like to be granted special consideration as I am a student in one of these programs (check all that apply). (Written verification from each program must be attached to your appeal form.)
  ☐ CalWorks  ☐ EOPS  ☐ DSPS  ☐ Veterans
☐ I have not enrolled at CCCCD for two consecutive semesters (fall/spring) since I became ineligible for my BOG Fee waiver

I understand that by submitting this form I am NOT guaranteed an earlier registration date or reinstatement of BOG.

Appeal decisions are final.

Student Signature_________________________________________________ Date______________________________
☐ I am a DSPS student and you have permission to discuss this request with DSPS/DSS.

Official Use Only—Do not Write in this Box

_____ Approved  ____ Denied  A&R Signature_______________________________________________________
_____ Approved  ____ Denied  FA Signature________________________________________________________

Comments:__________________________________________________________________________________________

Original Reg. Date/Time:_____________________________  Approved Reg. Date/Time:____________________________

A&R Processed____________________________________  FA Processed_______________________________________

Revised March 23, 2016
Loss of Priority Registration:
Per Title 5, Section 58108 Regulations of the California Community College System, your calculated academic standing will impact your assigned registration date for future semesters. A second consecutive term (summer/fall/spring semesters) on academic or progress probation will result in the loss of continuing student priority registration. This will also apply to any student over 100 degree applicable unit limit within the Contra Costa Community College District (Contra Costa, Diablo Valley and Los Medanos Colleges). This means you would register after all continuing students possibly losing your opportunity for the courses you need to meet your educational goal.

1. Complete the appeal form and provide a written description of your situation.
2. Include a current copy of your educational plan.
3. If you are requesting an appeal for Academic/Progress probation due to Extenuating Circumstances such as verified illness, accident or circumstances beyond your control, submit supporting documentation.
4. Submit the completed Appeal form to Admissions & Records with all of the supporting documentation that is indicated on the form based on your appeal reason (appeal form, written description, comprehensive education plan, and supporting documentation).
5. For probation/dismissal, if your registration appointment appeal is approved, your BOG reinstatement will be approved. If your registration appointment appeal is denied, Financial Aid will consider your BOG reinstatement appeal separately.
6. Any missing information will result in your Registration Appointment/BOG Fee Waiver Appeal being rejected.

Registration Appointment Appeals are accepted during the following time periods: Summer—March 15-April 15; Fall—April 1-30; Spring—November 1-30. You will receive a response to your InSite email within 3-5 business days.

Loss of Board of Governors Fee Waiver (BOG):
A student that continues on a second consecutive term (fall/spring semesters) on academic or progress probation will result in the loss of the BOG Fee Waiver. In an effort to help students succeed in the California community colleges, the Student Success Act of 2012 (California Senate Bill 1456) was signed into law by Governor Brown. Among other aspects, the Act included the creation of minimum academic and progress standards that must be met for continued eligibility for the Board of Governors Fee Waiver Program (BOG). These are different and separate standards from those for student federal aid, Cal Grant, and enrollment priority.

1. Complete the appeal form and provide a written description of your situation.
2. Include a current copy of your educational plan.
3. If you are requesting an appeal for Academic/Progress probation due to Extenuating Circumstances such as verified illness, accident or circumstances beyond your control, submit supporting documentation.
4. If you are a CalWorks, EOPS, DSPS, or Veteran student you must meet with the appropriate program Counselor or coordinator.
5. Submit the completed Appeal form to Admissions & Records with all of the supporting documentation that is indicated on the form based on your appeal reason (appeal form, written description, comprehensive education plan, and supporting documentation).
6. For probation/dismissal, if your registration appointment appeal is approved, your BOG reinstatement will be approved. If your registration appointment appeal is denied, Financial Aid will consider your BOG reinstatement appeal separately.
7. Any missing information will result in your Registration Appointment/BOG Fee Waiver Appeal being rejected.

BOG Appeals must be submitted during the following time periods: Fall—April 1-December 2; Spring—November 1-May 12. You will receive a response to your InSite email within 10-15 business days.
Program Verification for Loss of BOG Fee Waiver Appeal

STUDENT NAME: ___________________________ STUDENT ID: ______________________

Students who are participating in one or more of the programs listed below may request special consideration for the Loss of BOG Fee Waiver Appeal. Verification of program participation is required from the program director, coordinator or counselor by completing the section below. Note: Students only need verification from one program to request special consideration.

Instructions:
Please verify the aforementioned student’s participation in the following programs:

☐ CalWORKs    Start date: _________ End date: ___________ College: ___________

☐ DSPS         Start date: _________ End date: ___________ College: ___________

☐ EOPS         Start date: _________ End date: ___________ College: ___________

☐ Veteran      Start date: _________ End date: ___________ College: ___________

Additional Comments:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Name of Program Director/Coordinator/ or Counselor: ________________________________

Signature: ___________________________ Date: __________________

(Please attach this document to the Loss of BOG Fee Waiver Appeal form.)