



# Fall 2017 Appeal for BOG Fee Waiver

Name: \_\_\_\_\_  
Last: First MI

Student W#: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- I am a Foster Youth or former Foster Youth who should qualify for an exemption from Loss of BOG Fee Waiver. Must be age 24 or under at the time of registration. (Official court order document must be attached).

**You must include an updated Educational Plan with this form as well as the required documents identified below:**

**I am requesting a reinstatement of my BOG Fee Waiver for the following reason(s): \*Check all that apply\***

- Extenuating Circumstances:** To be considered, you *must provide documentation* of illness, accident, or circumstances beyond the student's control. **Documentation** may include medical documents, death certificates, court summons or military orders, etc.
- Academic and/or Progress Improvement:** To be considered, you *must demonstrate* successful completion of 12 semester units with at least a 3.0 GPA; 18 units with at least a 2.5 GPA; 24 or units with at least a 2.0 GPA.
- Verified Disability:** To be considered, students with a verified disability who applied before the deadline, but did not receive accommodation in a timely manner, *must provide documentation* which supports your claim. **Documentation** may include a statement from counselors or professionals on letterhead stationary, etc.
- There has been a change to my economic situation:** To be considered, you *must provide documentation* of an economic situation, such as eviction, job loss, homelessness, etc. **Documentation** may include an eviction notice, layoff or termination notice, unemployment statements, and statements from a professional on letterhead, etc.
- I was unable to obtain essential support services:** To be considered, you *must provide documentation of inability to obtain services*. **Documentation** may include canceled appointments, emails and / or statements from a professional on letterhead, etc.
- Special consideration of factors:** To be considered, you must be part of one of the programs below\* and *must provide documentation*. **Documentation** may include medical documents, Notice of Action for TANF, Cash Aid, Welfare to Work Plan, or statements from a counselor or professional on letterhead, etc.

**\*I am part of the following MJC program(s):**  CalWORKs  EOP&S  DSPS  Veterans

**I also completed the Appeal for Loss of Priority Registration.**

I have provided all supporting documents needed to submit this request. I understand if no documents are provided, it may result in a denial of my appeal. *I declare under penalty of perjury that all information on this form is true and correct. I also declare I have read and understand the instructions provided with this form.*

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

**Provide a statement to explain your situation below:**

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

<b>Counselor or Student Success Coach – Comments (Not Required)</b>	
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Name: _____	Title: _____
Signature: _____	Date: ____ / ____ / ____

# Appeal for BOG Fee Waiver Process Instructions

## **REGULATIONS:**

Per Title 5- Section 58108 Regulations of the California Community College Systems, students will lose eligibility for the Board of Governors Fee Waiver beginning Fall 2016 if they do not meet Academic and Progress Standards of maintaining a 2.0 GPA and/or not successfully completing over half of the units attempted for two consecutive primary (Fall/Spring) semesters. The first calculation of a term will begin in Fall 2015.

## **LOSS OF BOARD OF GOVERNORS FEE WAIVER (BOG):**

Please be aware 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. Students who have lost the BOG Fee Waiver may appeal to have the BOG reinstated based on if there is a change to their economic situation, inability to obtain essential support services, or special consideration based on receiving certain benefits or programs.

## **COMPLETING AN APPEAL:**

Submit the completed appeal form with all the supporting documentation as indicated on the form based on your appeal reason. Any missing information may result in your appeal being denied. Include the following:

- ✓ Appeal form
- ✓ Statement
- ✓ Educational Plan
- ✓ Supporting Documentation

## **SUBMIT YOUR APPEAL:**

**EMAIL:** MJC\_FA\_Appeal@mjc.edu

**FAX:** (209) 575-7719

**MAIL:** Modesto Junior College, Student Financial Services Office, 435 College Ave, Modesto, CA 95350

**IN PERSON:** Student Financial Services Office, Yosemite Hall, West Campus OR  
Enrollment Services Office, Student Services Bldg., East Campus

## ***Important Information:***

1. This appeal for Loss of BOG does NOT include an appeal for Loss of Priority Registration. A separate appeal form is required for registration priority consideration.
2. You should receive email notification regarding the outcome of your appeal within 1 – 3 weeks.