Board of Governors (BOG) Appeal

Name: ____________________________________________ G00 ____________________________

Email: ____________________________________________ Phone: (_____ ) ____________________

INSTRUCTIONS

Refer to My Gav portal to confirm petition process applicable to you:

☑ Loss of BOG – Dismissal status: Do not complete BOG Appeal. Complete “Petition for Re-Admission” and see counselor by published deadline.

☑ Loss of BOG – Probation 2 status: Students on Probation 2 status may complete this appeal.

Foster Youth Under Age of 24:
If you are a foster youth and under age of 24, you are exempt from loss of BOG and do not need to complete this appeal. Contact Financial Aid Department to verify foster youth status, if you are under age of 24.

Per California Ed Code, Title 5 Section 58621, Gavilan College has established appeal process for students who lose BOG award due to (2) consecutive terms of academic or progress probation or dismissal status at Gavilan. A BOG appeal may be submitted for one semester reconsideration. BOG appeal should be fully completed, with signature, and typed student statement to be considered. Submit completed appeal packets to Financial Aid Department by published document deadlines. Students are required to complete part 1 and 2 of BOG appeal.

PART 1
I am requesting BOG reinstatement based on following. I will submit requirements based on stated situation.

☐ Extenuating Circumstances: I experienced extenuating circumstances like illness, serious accident, hospitalization, death of immediate family member or circumstances beyond the control of the student or other circumstances that might include documented changes in the student’s economic (financial) situation.

Requirements:
☐ Provide typed statement (1 page max) describing extenuating circumstances.
☐ Submit documentation to verify your situation like: doctor’s notes, accident report, death certificate, loss of job, etc.
**Significant Academic Improvement:** I have made significant academic improvement by completing my last semester with a minimum 2.00 term GPA and completed more than 50% of my semester coursework.

**Requirements:**
- Provide typed statement (1 page max) explaining academic improvement.

**Provide Verification of Academic Improvement**
- Print and attach Gavilan unofficial transcript from MyGav.
- OR
- Attach official or unofficial transcript from other college.

**Untimely Disability Accommodations:** I provided all necessary documentation to the Disability Resource Center (DRC) to verify my disability and educational/functional limitations but did not receive timely, reasonable accommodations.

**Requirements:**
- Provide typed statement (1 page max) describing the accommodation you did not receive.

**Inability to Obtain Essential Support Services:** I was unable to obtain essential support services.

**Requirement:**
- Attach typed statement explaining what support services you sought and did not receive.

**Special Consideration Factors for EOPS, CalWORKs, DRC, and Student Veterans:** I would like to be granted special consideration as I am a student in one of these programs:

- [ ] EOPS
- [ ] CalWORKs
- [ ] DRC
- [ ] Veteran

**Requirement:**
- Attach typed statement explaining your request for special consideration based on participation in EOPS, CalWORKs, DRC programs, or based on status as veteran.

**PART 2**

1. I understand this appeal will be prepared for review by Appeals Committee. I will be notified via email regarding appeal decision.
2. If you’ve reported participation in EOPS, CalWORKs, DRC or status of veteran, this status will be verified before the appeal committee reviews your appeal.
3. If my BOG Appeal is approved, I will regain BOG eligibility for stated semester on appeal, and if applicable, I will regain enrollment priority. Approval is for one semester only.
4. If my BOG Appeal is denied, I will be responsible for $46 per unit enrollment fee (if I’m a California resident), and other fees on my account. Failure to pay student account balance by published payment deadlines will result in drop from all semester classes.

My signature indicates I’ve read and understand terms and conditions of BOG Appeal.

**Student Signature:** ________________________________  **Date:** ____________________