



GAVILAN COLLEGE

**Extended Opportunity Programs and Services (EOPS)
Accessible Education Center Verification Form**

Student Name _____ Student ID _____ Date _____
Last Name First Name
Fall 20 _____ Spring 20 _____

Please schedule an appointment with the Accessible Education Center (AEC) office for approval of your request to be waived from the 12 unit enrollment requirement for EOPS. An AEC Counselor or LD Specialist must complete the form and sign it in order for you to qualify for the waiver.

Please return completed form to the Gavilan College EOPS/CARE Office at EOPS@gavilan.edu or in person at the EOPS office located at the Gilroy Campus in the Library (LI) Building Room 101A.

_____  _____

☐ Approved

☐ Disapproved

Based on the educational limitations resulting from his/her documented disability, this student's recommended course load for the current semester is _____ units.

Additional comments/recommendations:

AEC Counselor: _____
Signature

Date _____

EOPS Office Use Only

Database Updated ☐ Date: _____ Staff: _____

(6/2025)