

**Hartnell College**  
**Extended Opportunity Program and Services - EOPS**  
**Cooperative Agency Resources for Education – CARE**  
**Petition for Reinstatement**



**INSTRUCTIONS**

Please complete, sign and submit this form to the EOPS office no later than three weeks (21 days) from the date of your Disqualification notification. Your Petition for Reinstatement will be reviewed by the EOPS Appeals Committee. You will receive a notification of approval or denial within 20 business days. If your Petition for Reinstatement is approved, you will be reinstated to EOPS as an active member of the program. If your appeal is denied, you will be disqualified from the program.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ ID: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Units Completed: \_\_\_\_\_

Current Semester: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_ Semester GPA: \_\_\_\_\_

Why have you been disqualified from EOPS? [ ] Completed < 3 EOPS Contacts [ ] Enrolled < 6 Units [ ] < 2.0 GPA

Have you been disqualified from EOPS before? [ ] Yes [ ] No

Are you a member of any other support program(s) on campus? [ ] Yes [ ] No

If yes, which program(s): \_\_\_\_\_?

1. Please explain any circumstances that may have led to your disqualification from the EOPS program. *(Please submit any supporting documentation)*

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2. Please explain what has changed, or the changes you plan to make, to ensure you will remain in good standing with the EOPS program in the future.

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Student Signature \_\_\_\_\_

\_\_\_\_\_ Date Signed

**OFFICE USE ONLY**

Recommendations: \_\_\_\_\_ Initials: \_\_\_\_\_

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Recommendations: \_\_\_\_\_ Initials: \_\_\_\_\_

Comments: \_\_\_\_\_

Final Decision: [ ] Approved [ ] Denied

Date: \_\_\_\_\_