



# OHLONE COLLEGE LETTER OF APPEAL

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

To: EOPS Director

From: \_\_\_\_\_

(Student)

\_\_\_\_\_

(ID#)

**Due to the budget crisis in California, we will ONLY be able to accept appeals for the following:**

What you are Appealing

- Over 70 Units (this excludes ESL & remedial courses)**
- Over 6 Semesters (only applies to High Unit majors, i.e. Nursing & Engineering)**

(Please explain in detail the extenuating circumstances)

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Attach any documents that will assist the EOPS staff in reviewing your appeal. Please contact the EOPS office at (510) 659-6152 to check the status of your appeal.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
*Explanation: (EOPS/CARE Coordinator)*

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- Approved
- Denied

\_\_\_\_\_  
EOPS Director

\_\_\_\_\_  
Date