

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

## Palomar College **EOPS/CARE** *Petition*

This petition is to be utilized by students who've been notified of disqualification from EOPS or CARE for violating their commitment to the Mutual Responsibility Contract for a second time. Please complete the following steps:

1. Complete the EOPS/CARE Petition (below) in its entirety.
2. Include any and all supporting documentation of extenuating circumstances with your completed petition.
3. Once contacted with the outcome of your petition, if approved, schedule an appointment to meet with an EOPS/CARE Counselor.
4. Meet with an EOPS counselor to discuss the circumstances that resulted in your disqualification and strategies that you plan to implement to avoid future issues of a similar nature.

If your petition is approved, you will be notified by the EOPS/CARE Committee via email and provided another opportunity to adhere to your Mutual Responsibility Contract. Your meeting with a counselor will serve as your first EOPS contact for the semester. If you fail to demonstrate satisfactory academic progress (Semester GPA of 2.0 or better, completing at least 9 units unless a valid director's waiver is on file, or meet three times a semester with an EOPS counselor), you will again be disqualified from EOPS.

**I have been disqualified from EOPS/CARE for the following reason:**

- |   |   |
|---|---|
| <input type="checkbox"/> I did not meet with a counselor three times  | <input type="checkbox"/> I did not complete the continuing student orientation                  |
| <input type="checkbox"/> I completed fewer than 9 units (12 units if a new student) without a director's waiver on file | <input type="checkbox"/> I failed to show up for a scheduled appointment without notifying EOPS |
| <input type="checkbox"/> My semester GPA was below a 2.0  |   |

Please provide a detailed explanation of what prevented you from meeting the responsibilities outlined in your Mutual Responsibility Contract. Reasons may include both personal and academic challenges.

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For each barrier that prevented you from meeting the responsibilities outlined in the MRC, please identify two strategies to avoid similar issues in the future:

Barrier	Strategy #1	Strategy #2
1.		
2.		
3.		

Discuss these barriers and your identified solutions with an EOPS Counselor and seek their input for additional guidance related to your circumstances.

**Please Read:**

By signing here, I acknowledge and understand the importance of maintaining my commitment to the Mutual Responsibility Contract. I am committed to meeting my educational goals and value the counseling support and resources provided by EOPS. Failure to adhere to the MRC will result in a disqualification from services and will require the completion of a Director's Appeal.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For Internal Use Only:

Counselor Recommendation:		Counselor Initials _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Additional Comments:		
Committee Member Review:		
<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	Initials _____
<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	Initials _____
<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	Initials _____
Comments:		