



Extended Opportunity Programs and Services

Fall 2015 Application

Phone: (619) 482-6456
Fax: (619) 482-6515

Please answer all questions, print legibly in ink, and sign at the bottom.

Name: _____
Last First Middle Initial

SWC ID: _____

You will be emailed regarding the status of your application, make sure it is legible (PRINT)

E-mail: _____

Phone/Cell: _____

1. Do you have a High School Diploma or GED? If yes , indicate your high school GPA: <input type="checkbox"/> 0.0 – 2.4 <input type="checkbox"/> 2.5 – 4.0 <input type="checkbox"/> Don't Know/Don't Remember	Yes	No	OFFICE USE ONLY <input type="checkbox"/> XECD LTA: _____ Resident Yes No AB540 Ethnicity Units Enrolled <input type="checkbox"/> DSS Date: _____ BOGW A ____ B ____ C ____ IE ____ Units Completed SWC _____ Other _____ TOTAL _____ Score/Date Taken Math _____ Engl _____ ESL _____ Outdated (3 yrs +) <input type="checkbox"/> Ed. Disadvantage A. Testing B. HS Grad Y N C. HS GPA _____ D. Remedial Course E. Other _____
2. Have you previously been an EOPS student? If yes , where? _____ Last Term Attended: _____ If at Southwestern College please complete and submit an EOPS Petition with this application	Yes	No	
3. Have you attended any <u>other</u> college or university (including foreign countries)? If yes , list Colleges/Universities: * 1. _____ Name of College or University City and State or Country 2. _____ *Please provide a copy of unofficial transcripts, dated within the current semester, for all schools listed	Yes	No	
4. What is your college major: _____			
5. Have your parents received a degree from a four-year college/university? If yes , name of college/university attended: _____	Yes	No	
6. Is there a primary language other than English spoken at home? If yes , please indicate language spoken at home: _____	Yes	No	
7. Are you a former foster youth?	Yes	No	
8. Are you a single parent?	Yes	No	
9. Are you or your dependents receiving TANF/CalWORKs?	Yes	No	
10. Do you have a physical, emotional or learning disability? If yes , please visit the DSS office (Student Services Building, Room S108) for assistance	Yes	No	

Certification and Release of Information: I certify that the above information is correct to the best of my knowledge. I grant Southwestern College the authority to verify and/or obtain the necessary documents and information regarding college and academic status from other colleges and departments.

Student Signature: _____ Date: _____

I consent to the release of my name and photo for publicity purposes only. ☐ YES ☐ NO

OFFICE USE ONLY

NEED INFO	INELIGIBLE	ELIGIBLE	
<input type="checkbox"/> Units	INITIALS:	<input type="checkbox"/> Orientation _____	<input type="checkbox"/> MRC
<input type="checkbox"/> BOGW	DATE:	<input type="checkbox"/> ACCESS <input type="checkbox"/> SARS	
<input type="checkbox"/> Transcript	<input type="checkbox"/> BOGFW C		
<input type="checkbox"/> DSS Verification	<input type="checkbox"/> BOGFW _____	BOOK SERVICE DATE ISSUED <input type="checkbox"/> ACCESS _____	
<input type="checkbox"/> Petition	<input type="checkbox"/> Over Units	<input type="checkbox"/> SEP <input type="checkbox"/> SxS	Initials
<input type="checkbox"/> Other	<input type="checkbox"/> Residency	<input type="checkbox"/> XEOM	Initials
	<input type="checkbox"/> Petition Denied	<input type="checkbox"/> AIDE Uned:	Initials
	<input type="checkbox"/> Other		
Comments:			

Reviewer Initials/Date

ELIGIBLE

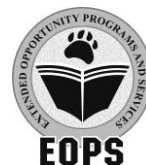
Initials: _____
Date: _____



EOPS

Extended Opportunity Programs and Services

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Name (Last, First): _____

SWC ID: _____

Eligibility Requirements:

- Enrolled in 12 or more units (6 units if you have certification from DSS Office).
Wait-listed courses DO NOT count.
- California resident or Identified as AB540
- Eligible for Board of Governors Fee Waiver (BOGFW) method A1-A3 or B
- Have **NOT** completed more than 58 degree applicable units
- Completed the Math and English placement exams
- Meet the Educational Disadvantage criteria as set by the State of California

Checklist:

Have you applied for the Board of Governor's Fee Waiver (BOGFW) for the 2015-2016 academic year:

☐ Yes ☐ No

Have you registered for fall 2015 classes?

☐ Yes ☐ No ☐ I will on _____
Registration Date

You must be registered in 12 units or more (wait listed courses **DO NOT** count.) Students with DSS certification must be registered in 6 or more units and must provide a copy of their "Full Time Disclaimer" from the DSS office (Located on first floor of Cesar Chavez Building, Room S108).

Submit with application:

Are you a former EOPS student at Southwestern College? ☐ Yes ☐ No

If yes, please include an EOPS petition with your application (available in the EOPS office).

- ☐ Transcripts **must** be included with application for **all other** previously attended colleges and universities, unofficial copies are accepted; including those attended in foreign countries
Please note: Foreign transcripts cannot be accepted unless they are evaluated.

**** You must have your classes and BOGFW by August 20, 2015 to be considered for EOPS in fall 2015.**
Receipt of this application does not guarantee acceptance into EOPS

Any information you provide will be cross-checked with Southwestern College records.

OFFICE USE ONLY

Date Received: _____

Staff Initials: _____

- Make sure application is complete and legible
- Inform student that receipt of this application does not guarantee acceptance into EOPS