

LOSS OF BOARD OF GOVERNOR'S FEE WAIVER (BOGFW) APPEAL

Last Name	First Name	MI	SWC ID Number
Email Address	Telephone Number		Semester

INSTRUCTIONS

1. Complete, attach requested documentation and submit this completed petition form to the Financial Aid Office or to any of the Student Services Departments at any of the Higher Education Centers.
2. You will be notified of the results by email. *Please note that INCOMPLETE appeals will result in the LOSS OF BOGFW FEE APPEAL being delayed or denied.*

Reason for Appeal:

- ☐ **Extenuating Circumstances.** Extenuating circumstances are verified in cases of accidents, illnesses, financial difficulties or other circumstances beyond the control of the student. (Will apply to BOGFW as well. *Required documentation include typed written statement explaining extenuating circumstances, copies of medical records, police reports, court documents, loss of financial income, etc.*)
- ☐ **Untimely Accommodation.** Students who applied for academic accommodations and did not receive reasonable accommodations in a timely manner, or who are authorized for priority enrollment as a DSS authorized academic accommodation and are making progress towards their academic goal. (Will apply to BOGFW as well. *Required documentation include Authorized Academic Accommodation Form.*)
- ☐ **Academic Improvement.** Students who are defined as achieving no less than the minimum grade point average and progress standards, and have improved in recent semesters. (Will apply to BOGFW as well. *No required documentation needed.*)
- ☐ **Inability to Obtain Essential Support Services.** Students who were unable to obtain and complete essential student support services such as orientation, assessment and counseling within the required deadline. (*Required documentation include typed written statement explaining specific support services you were referred to and why you were unable to obtain it and any additional supporting documentation.*)
- ☐ **No Enrollment for Two Primary Semesters.** Students who have not enrolled at Southwestern College for two consecutive semesters (fall/spring) since they became ineligible for the BOGFW. (*No required documentation needed.*)

IF APPLICABLE, PARTICIPATING IN THE FOLLOWING PROGRAM(S):

☐ CALWORKS ☐ DSS ☐ EOPS ☐ VETERANS

Student Check List and Certification:

- ☐ I have attached all required documentation and I understand that any missing information will result in the Loss of BOGFW Appeal being delayed or denied.

By signing below, I declare under penalty of perjury that all information on this form is true and correct. I understand that this appeal will be void should I fail to make academic progress.

Student Signature _____

Date _____

FOR OFFICE USE ONLY

Petition: ☐ APPROVED ☐ DENIED

Staff Signature _____

Date _____

COMMENTS