EOPS Application Checklist

Extended Opportunity Programs and Services

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

Application Period – November 18th thru December 20th

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 Classified as AB540
- Eligible for Board of Governors Fee Waiver (BOGW) 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

You may still apply for EOPS during the application period, even if you do not have BOGW or Units. HOWEVER, you MUST have both by January 16, 2014 in order to be eligible. NOTE: Space is LIMITED and is on a first-come, first-served basis.

Checklist:

I have applied for the Board of Governor's Fee Waiver (BOGW) for the 2013-2014 academic year:

❒ Within 1 week ❒ Within 2-3 weeks ❒ Within the month ❒ Over a month ago ❒ Not yet

Have you registered for spring 2014 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 a EOPS petition with your application (available in the EOPS office).

❒ Copy of Math and English/ESL assessment scores. You may request a copy in the Assessment Office.

Please note: If you choose not to submit assessment scores, then you must waive your right to qualify for an educational disadvantage through assessment criteria. Initial here _____.

❒ Transcripts for **all other** previously attended colleges and universities, including those attended in foreign countries. Unofficial copies are accepted.

Please note: Foreign transcripts cannot be accepted unless they are evaluated.

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

OFFICE USE ONLY	
Staff Initials: _____	Date Received: _____
VERIFY: • Application is complete • Informed student that receipt of this application does not guarantee acceptance into EOPS • Student will be contacted at a later date (via email) regarding the status of their application	

Extended Opportunity Programs and Services

Spring 2014 Application

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

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

Name: _____ SWC ID: _____
Last First Middle Initial

Address: _____
Street City State Zip code

Phone/Cell: _____ E-mail: _____

You will be emailed regarding the status of your application

(PRINT)

1. Do you have a High School Diploma or GED? If ***yes***, indicate your high school GPA: ❑ 0.0 – 2.4 ❑ 2.5 – 4.0 ❑ Don't Know/Don't Remember	Yes	No
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 other 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	
❑ Units	**INITIALS:**	❑ Orientation _____	❑ ACCESS
❑ BOGW	**DATE:**	❑ SARS	❑ MRC: CV NC OM SY
❑ Transcript	❑ Residency	**BOOK SERVICE ISSUED**	
❑ DSS Verification	❑ BOG IE	❑ ACCESS	❑ SEP ❑ SxS
❑ Other	❑ BOG C	❑ XEOM	
	❑ Over Units	❑ AIDE	Uneed:
	❑ Petition Denied		
	❑ Other		
Comments:			

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Status
❑ New
❑ Cont GPA: _____

❑ XECD
LTA: _____

Resident
Yes No AB540

Ethnicity

Units Enrolled

❑ DSS Date:

BOGW
A ____ B C IE

Units Completed
SWC _____
Other _____
TOTAL _____

Score/DateTaken
Math _____ _____
Engl _____
ESL _____ _____
Outdated (5 yrs +) ❑

Ed. Disadvantage
A. Testing
B. HS Grad Y N
C. HS GPA _____
D. Remedial Course
_____
E. Other

Ranking
FY: _____
SP: _____
AS1: _____
AS2: _____
FG: _____
TOTAL: ☐

Reviewer Initials/Date
_____ _____
_____ _____

Petition
Submitted ❑
Need ❑
Approved ❑
Denied ❑
Date _____

ELIGIBLE
Initials: _____
Date: _____

Updated 11/12/13