

# EOPS/CARE

## General Appeal Form

Student Name \_\_\_\_\_ Date \_\_\_\_\_

ID # \_\_\_\_\_

Phone # \_\_\_\_\_

Student Comments (Please provide supporting documents)

**NOTE:** Send the completed form to the EOPS Director at [nazaryan@glendale.edu](mailto:nazaryan@glendale.edu).

**EOPS Director ONLY:**

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**APPROVED**            Yes             No

Comments:

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_