

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.
Please write EOPS APPEAL FORM in the subject line of the email.**

EOPS Director ONLY:

APPROVED Yes No

Comments:

SIGNATURE: _____

DATE: _____