Loss of Enrollment Priority and/or CA College Promise Grant
CCPG Appeal Form
Email form to: ARDocs@glendale.edu

GLENDALE COMMUNITY COLLEGE
ADMISSIONS & RECORDS

To appeal your loss of Priority Registration and/or CA College Promise Grant (CCPG), please EMAIL this form to the **Admissions & Records Office – November 2 – November 27, 2026.** This form must be resubmitted every semester in which priority registration and/or CCPG has been lost. *If your appeal is approved, the registration hold will be removed from your MyGCC student portal within 72 hours (excluding weekends and holidays).*

GCC ID: _____ Last Name: _____ First Name: _____

GCC Email: _____ Phone: _____

What is your major (course of study): _____ SEMESTER: **SPRING 2027**

To Appeal your Loss of Enrollment Priority and/or Loss of CA College Promise Grant (CCPG) - Check at least one ***(You must submit supporting documentation for each item checked AND obtain the required signatures.)*** INCOMPLETE FORMS WILL BE DENIED.

☐ I am a student with verified disability who did not receive accommodation in a timely manner (**attach a verification of disability document from DSPS Office**)

☐ I am a student with an extenuating circumstance with verified evidence of an accident, illness or other circumstance beyond my control. (**attach a doctor's note, accident report, or other evidence**)

☐ ***I am a student making significant academic and/or completion improvement for the last semester enrolled with at least a 2.00 GPA and/or 50% completion rate. (**meet with a counselor and obtain counselor's signature BELOW**).

☐ ***** I am a student who has a justifiable reason for completing 100-degree applicable units at GCC (**attach either a copy of your Financial Aid Contract OR meet with a counselor and obtain counselor's signature below**)

☐ I am a student in his/her FINAL semester at GCC (**attach acceptance letter or proof of admission application submission OR petition for graduation or certificate**). **Enter course(s) required to transfer/graduate BELOW):**

Course Name	Course #	Course Name	Course #	Course Name	Course #

*Counselor's Printed Name and Signature:_____ Date:_____

To Appeal your Loss of CCPG Only – Check at least one **(You must submit supporting documentation for each item checked)**

☐ I am a student with extenuating economic circumstances (**attach evidence of economic situation, e.g., loss of employment**)

☐ I am a student unable to obtain essential support services, e.g. orientation, tutoring **(attach a written statement)**

☐ I am a student who has not been enrolled at GCC for two consecutive semesters since I became ineligible for my CCPG.

☐ I am a student requesting special consideration because I am a current student in one of the following programs **(check one of the boxes below)**

☐ EOPS ☐ CalWORKs ☐ DSPS ☐ Veterans

I declare under penalty of perjury that all information on this form is true and correct. If this appeal is approved, I understand that I will again lose enrollment priority and the CCPG if I fail to make satisfactory academic progress. If the Loss of CCPG is denied, you will be responsible for all charges incurred (enrollment and other fees).

Student Signature:_____ Date:_____

FOR OFFICE USE ONLY

☐ GRANTED ☐ DENIED Semester SPRING 2027

_____100 Units _____ Probation _____CCP Only _____CCPG and Probation Comments:_____

Director of A&R or Director Financial Aid Signatures:_____

Holds removed from MyGCC on:_____

Appeals for the loss of priority enrollment will be approved pursuant to the provisions of Glendale College AR 5055, Education Code Sections 66025.8 and 66025.9, and Title 5 Sections 58106 and 58108.