



Loss of Enrollment Priority and/or CA College Promise Grant CCPG Appeal Form

Email form to: ARDocs@glendale.edu

To appeal your loss of Priority Registration and/or CA College Promise Grant (CCPG), please submit this form to the **Admissions & Records Office November 3 - November 28, 2025**. This form must be resubmitted every semester in which priority registration and/or CCPG have 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 2026**

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 the 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 the 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 a 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 # |
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*Counselor's Printed Name: _____ Counselor's 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 2026**

_____ 100 Units _____ Probation _____ CCP Only _____ CCPG and Probation Comments: _____

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

Holds removed from MyGCC on: _____