



San Diego Community College District Disability Support Programs and Services

Waiver of Full-Time Status Requirement for Student Success Programs

Students requesting to waive the 12-unit minimum enrollment requirement for EOPS, San Diego Promise, or STAR TRIO programs initiate their request for a disability accommodation with their DSPS Counselor. Students must be enrolled with DSPS to qualify. Waiver must be renewed each academic year. Students must also fulfill additional program requirements on a term by term basis in order to remain eligible.

SDCCD DSPS staff have considered eligibility to receive authorized special services provided by DSPS. This form is designed to be shared with Student Success Programs within the District; however, disclosure is made in strict accordance with applicable statues regarding confidentially, including the Family Educational Rights and Privacy Act (20 U.S.C. 12329g)). This form is being used pursuant to California Education Code Sections 67310-67312, and 84850; and California Code of Regulations, Title 5, Section 56000.

Students should provide this completed form by email to the student success program for which they are requesting a waiver.

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Student Information							
Student Name:				Student I			
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Academic Yea	ar: 20 t	o 20 C	ampus Applied/En	rolled*:	☐ City	☐ Mesa	☐ Miramar
*Full-time waivers are evaluated and completed by the DSPS office at the campus in which the student is enrolled.							
Accommodation Information							
Due to disability-related reasons, a waiver of the 12-unit minimum has been authorized for the following program(s):							
Program:	□ EOPS		☐ San Diego P	☐ San Diego Promise**		☐ STAR Trio	
Status:	☐ Applied	☐ Accepted	Accepted Applied Accepted		ted	☐ Applied	☐ Accepted
The student is advised to enroll and maintain the number of units checked below in order to remain eligible for SDCCD programs for the academic year listed above:							
**San Diego Promise program benefits are a maximum of two years.							
Counselor Information							
DSPS Counselor*** Name:					Phone Extension:		
Email Address:					Date:		
Comments:							

***Programs should consult with DSPS Counselor when questions arise related to minimum units.