Loss of Enrollment Pri	Los Angeles Community College District ori ty		
Last Name	First Name:	StudentID#	

Last Name:	First Name:	StudentID#
LACCIEmail:		Phone: ()

ALLAPPEALS MUST INCLUDE THE FOLLOWING, along widhuitheel resocuments below:

% A type-dexplanation of your situation AND ISJ1-20.141 0 100 (per tent. IE) (0.100 (per tent. IE) (per tent. IE)