Loss of Enrollment Pri	Los Angeles Community College District ori ty		
Last Name:	<u>Fir</u> st Name <u>:</u>	<u>Stu</u> dentID#	
LACCIE mail:		Phone: ()	
ALLAPPEALS MUST INCLUDE THE FOLLOWING along withuithed into cuments below:			

% A typedexplanation of your situation ANDEJ1-2.141 010 dpeter total and the state of the state