



ABILITY TO BENEFIT

DSPS Unit Certification

EOPS Office: (310) 434-4268

DSPS Office: (310) 434- 4265

Student Name _____ **ID#** _____

Santa Monica College Disabled Students Programs and Services (DSPS) counselor _____,
(Counselor, please print name)

recommends that the above named student should limit his/her enrollment to help ensure successful completion of the student's educational goals. According to our assessment, this student should enroll in the following units and courses listed below. This recommendation is given with the understanding that the **EOPS program requires DSPS participants to enroll in a minimum of six units in the fall and spring semesters, of which three units must be an academic course.**

THIS SECTION MUST BE COMPLETED BY A DSPS COUNSELOR

During the fall and spring semesters, I recommend that the student not exceed: ☐ 6-8 units
☐ 9-11 units

| Fall _____ | Units | Winter _____ | Units | Spring _____ | Units | Summer _____ | Units |
|--------------------|-------|--------------------|-------|--------------------|-------|--------------------|-------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total Units | | Total Units | | Total Units | | Total Units | |

DSPS Counselor Signature _____ Date _____

Student Signature _____ Date _____

EOPS Director/Counselor Signature _____ Date _____