FINANCIAL AID PROBATION 2023-2024

Scottsdale Community College - 9000 E. Chaparral Rd, Scottsdale AZ 85256

ACADEMIC ADVISEMENT REVIEW

Student Name:		Student ID:		
Students who are on an approved meet with an academic advisor to receive a message via Maricopa Co requirement should do the follow	review their degree program ommunity College District (MC	requirements. Students who		
 Schedule an appointment and that are specific to your degree Review your degree progress r program (your academic advises) List the courses you plan to take Explain the timeframe in which Return this completed form to 	e program eport showing the classes you or will provide you with this) ke over the next two semester n you expect to complete your	need to take to complete yours s degree program		
	A. STUDENT SECTION			
List all prior College/Universities a	ttended			
Declared College Major:				
Courses you plan to take for the next two semesters:				
Course Number	Course Title	Credit Hours		

Course Number	Course Title	Credit Hours



The Maricopa County Community College District (MCCCD) is an EEO/AA institution and an equal opportunity employer of protected veterans and individuals with disabilities. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, age, or national origin. A lack of English language skills will not be a barrier to admission and participation in the career and technical education programs of the District.

The Maricopa County Community College District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. For Title IX/504 concerns, call the following number to reach the appointed coordinator: (480) 731-8499. For additional information, as well as a listing of all coordinators within the Maricopa College system, visit www.maricopa.edu/non-discrimination.

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Explain the timeframe in which you plan to complete your degree program:

B. STUDENT ACKN	IOWLEDGEMENI
I have met with an academic advisor and understand need to complete the courses they have discussed wit the completion of my degree I must complete all of th result in loss of financial aid eligibility and future appe	th me. In order to make academic progress towards e classes I attempt successfully. Failure to do so will
Student Signature:	Date:
Electronic signature accepted, if this form is emailed fron	n your Maricopa Student Email)
C. Advisor S	Signature
Please include any other notes that may be important student's program.	for the financial aid office to know about this
Advisor Signature: Adviso	or Name (Print):
(Electronic signature accepted)	
Date:	

Completed forms can be emailed to the financial aid office – financial aid office – financial