FINANCIAL AID PROBATION 2023-2024

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

COUNSELING REVIEW FORM

Student Name:	Student ID:
Students who are on an approved Satisfactory Acameet with the SCC Counseling Services Division to I successful completion of courses. Students who recollege District (MCCD) email notifying them of this	demic Progress Appeal may be required to nelp identify resources available to ensure ceive a message via Maricopa Community
 Contact Counseling Services at 480-423-6524 to Return this completed form to the financial aid 	
A. STUDENT	SECTION
 Items you will review with a Counselor: Current or previous obstacles to achieve acader How to address these obstacles Your college major Your plan for academic success moving forward 	
B. Student ACKNO	WLEDGMENT
I have met with an SCC Counselor and understand that completion of my degree, I must complete all of the classesult in loss of financial aid eligibility and future appear	sses I attempt successfully. Failure to do so will
Student Signature:	Date:
(Electronic signature accepted, if this form is emailed from	your Maricopa Student Email)



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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C. COUNSE	LOR SIGNATURE	
Student came in for an appointment Student came in and created an academic suc	ccess plan	
I have met with this student (please include below any other notes that may be important for the financial aid office to know about this student's plan for success).		
Counselor Signature:	Counselor Name (Print):	
(Electronic signature accepted)		
Date:		
Completed forms can be emailed to the financial aid office – finaid@scottsdalecc.edu		



Student Name:

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