## **FINANCIAL AID PROBATION 2024-2025**

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

## **ACADEMIC ADVISEMENT REVIEW**

Student Name:		Student ID:
meet with an academic adviso	oved Satisfactory Academic Progre or to review their degree program oa Community College District (MC lowing:	requirements. Students who
<ol> <li>Review your degree audit of complete your program (you</li> <li>List the courses you plan to</li> <li>Explain the timeframe in which is a supplemental to</li> </ol>	dvisor the classes that are specific or a program check sheet showing our academic advisor will provide you take over the next two semester hich you expect to complete your on to the financial aid office (allow 7	the classes you need to take to you with this) s degree program
	A. STUDENT SECTION	
List all prior College/Universition  Declared College Major:		
Courses you plan to take for th	e next two semesters:	
Course Number	Course Title	Credit Hours

Course Number	Course little	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 ACK	KNOWLEDGEMENT
	with me. In order to make academic progress towards the classes I attempt successfully. Failure to do so will
Student Signature:	Date:
(Electronic signature accepted, if this form is emailed fr	om your Maricopa Student Email)
C. Adviso	r Signature
Please include any other notes that may be important student's program.	THE TOT THE HITARICIAL AIG OFFICE TO KNOW ABOUT THIS
Advisor Signature: Adv	isor Name (Print):
(Electronic signature accepted)	
Date:	
Completed forms can be emailed to the financial aid	d office – <u>finaid@scottsdalecc.edu</u>