

_____ **G** _____ / _____
Student Name *PCC ID Number* *Last three digits
of SSN*

This student is being referred to your office because s/he did not meet satisfactory academic progress standards. In order to be considered for further financial aid, s/he is required to seek assistance as indicated below. After evaluation, please respond in the comment section and attach any documentation which may assist our office in making a final decision. Please return this form to the financial aid office.

Support Office

- Academic Advising
- Counseling
- ESOL Advising
- Office for Students with Disabilities
- Women’s Resource Center
- Multicultural Center
- Learning Center
- Dean of Students Office

Reason for Referral

- Assist with academic advising
- Assist with scheduling/Attach schedule
- Assist with personal counseling
- Set up with tutoring _____
- Evaluate for additional testing
- Other _____
- Assist with disability services/evaluation
- Assist with housing issues
- Assist with time management
- Assist with career goals and major selection
- Review work conflict

Evaluation Comment _____

Advisor Signature *Student Signature* *Date*

Print Advisor Name *Advisor Title* *Extension*