Portland Community College
Financial Aid Office — Resource Referral

_____ _____

Student Name *Social Security Number*

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
- □ ENNL 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
- □ Assist with disability services/evaluation
- □ Assist with housing issues
- □ Assist with time management
- □ Assist with career goals and major selection
- □ Review work conflict
- □ Other_____

_____

Evaluation Comment _____

_____

_____

_____

_____

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_____ _____ _____

Advisor Signature *Student Signature* *Date*

_____ _____ _____

Print Advisor Name *Advisor Title* *Extension*

Portland Community College
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