



Financial Aid and Scholarships
1111 FIGUEROA PLACE · WILMINGTON · CA 90744-2397 · (310) 233-4230 · Fax (310) 233-4681

2016-2017 Satisfactory Academic Progress Counseling Evaluation Form

Last Name First Name Middle Initial Student I.D. Number

Individual Meeting

Current Academic Goal/Major: _____ Transfer: _____ AA/AS: _____ Cert: _____

Anticipated transfer institution (if applicable): _____

COUNSELOR COMMENTS (i.e. counselor's advice for student to rectify the circumstances that contributed to the student's inability to maintain satisfactory academic progress):

Counselor's Name Counselor's Signature Date

FOR FINANCIAL AID OFFICE USE

GPA @ time of DQ: _____ Number of Units: _____ Petition Granted: Yes No

% non-pass @ time of DQ: _____ Term: Summer 2016 Fall 2016 Winter 2017 Spring 2017

Comments:

Financial Aid Administrator

Date