



**COUNSELOR CERTIFICATION AND COMMENTS:**

I have completed a Financial Aid Student Education Plan for this student. Based on this plan, the student must complete the following courses in order to meet graduation and/or transfer requirements for their program:

- |          |          |           |           |
|----------|----------|-----------|-----------|
| 1. _____ | 5. _____ | 9. _____  | 13. _____ |
| 2. _____ | 6. _____ | 10. _____ | 14. _____ |
| 3. _____ | 7. _____ | 11. _____ | 15. _____ |
| 4. _____ | 8. _____ | 12. _____ | 16. _____ |

I estimate the student could complete these requirements in \_\_\_\_\_ semesters, and/or by \_\_\_\_\_  
(number) (month and year)

Counselor's comments (optional): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COUNSELOR SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY FINANCIAL AID OFFICER:**

GPA \_\_\_\_\_ # terms poor progress \_\_\_\_\_

# attempted units = \_\_\_\_\_  
less # ESL/Basic skills units = \_\_\_\_\_  
plus # transferred-in units = \_\_\_\_\_  
Total units toward 150% limit = \_\_\_\_\_

Request Approved  PET1  PET2  PET3  PET4  Request Pending  Request Denied

Signature of Financial Aid Officer \_\_\_\_\_ Date \_\_\_\_\_

**FOR USE BY STUDENT SERVICES APPEALS COMMITTEE, IF APPLICABLE:** Date reviewed \_\_\_\_\_

COMMENTS : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request Approved  Request Denied

Signature of Student Services Appeals Committee members: \_\_\_\_\_  
\_\_\_\_\_