



**2. To Be Completed By Financial Aid Staff at \_\_\_\_\_.**  
*Name of Institution Concurrently Enrolled In*

I certify that the student will not receive Student Financial Assistance from our institution for the semester or term indicated.

\_\_\_\_\_  
*Signature*                      *Print Name*                      *Phone #*                      *Date*

=====

**3. To Be Completed By a SDCC Counselor (Check one)**

I certify the class(es) listed are applicable towards the student's degree or major at SDCC and the class(es) will be accepted by the San Diego Community College District.

I certify the class(es) listed are not applicable towards the student's degree or major at SDCC and the class(es) will not be accepted by the San Diego Community College District.

\_\_\_\_\_  
*Signature*                      *Print Name*                      *Phone #*                      *Date*

\_\_\_\_\_  
Counselor Comments

=====

**4. To Be Completed By San Diego City College Financial Aid Staff.**

This student's SDCC Financial Aid Record has been updated based on the above information.

\_\_\_\_\_  
*Signature*                      *Date*