

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*

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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
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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*

Copy: Student
Financial Aid Office