SOUTH MOUNTAIN COMMUNITY COLLEGE CCL SHORT PLAN COURSE LIST

Last Name	First Name	МІ	Social Security XXX-XX-	Student ID Number	
Maricopa Email Address			Certificate (CCL	Certificate (CCL) Program Name	
		@maricopa.edu			
Instructions: Federal regulations require that loan lir program at South Mountain Communit information is required to in order to community in the second sec	y College that is less ontinue to process you complete this short purpose or ogram check sheet	than 24 credit hour our financial aid app lan course list show	s in length meets th blication. ing the courses tha	nis definition. The following tyou have remaining for this	
NEEDED or IN PROGRESS: Only these Advising Notes	e courses may be us Course #	ed to determine yo Credits	ur financial aid eligibility Financial Aid Notes		
TOTAL HOURS TO BE	E COMPLETED:				
SMCC Academic Advisor Signature (F	REQUIRED)			Date	

Your signature below acknowledges that you have READ and UNDERSTAND that you will not be funded for courses other than those listed and approved on this form. If you receive funds for classes other than those listed and approved on this form, your award may be reduced or cancelled.

Student's Signature (electronic signature NOT accepted)	Date