

Section III. To be completed by Associated Student Advisor other Authorized College Official

Student Name:

AS Position (if applicable):

Name of College:

This is to verify that the above named student (check one box) meets the eligibility requirements as set forth above in Section I for the current term:

- Be enrolled throughout his or her term in a **minimum of five semester units**, or its equivalent.
- **Meets and maintains the minimum standard of scholarship prescribed by their district.**

Does meet eligibility

Does NOT meet eligibility

Last Semester/ Quarter attended

Current Semester/Quarter

of units currently enrolled

GPA for last Semester/Quarter

Of units completed last Semester/Quarter

Cumulative GPA

Of cumulative units at **any** Higher Education Institution

If the above-named student does not meet the eligibility requirements, please describe any extenuating circumstances.

(example: District maximum unit policy / Pending disciplinary Issues at your campus/ other)

Associated Student Organization
Advisor's Printed Name and Title

Associated Student
Organization Advisor's Signature

Telephone Number

Email

Information required if different from above: Authorized College

Authorized College Official's Print Name and Title

Authorized College Official's Signature

Telephone Number

Email

Section IV. The Student / Associated Student Advisor or Authorized College Official must return both pages of the completed form **within five business days** from receiving this document.

**Scan and email documents to:
Rosa Estrada, Student Senate Liaison
restrada@cccco.edu**