

CCL SHORT PLAN COURSE LIST

| | First Name | MI | Social Security Nun XXX-XX- | nber Student ID Number | |
|--|--|--|--|--|--|
| Maricopa Email Address @maricopa.edu | | | Certificate (CCL) Pr | Certificate (CCL) Program Name | |
| | | | | | |
| Instructions: Federal regulations require that loan ling a strella Mountain Community College the norder to continue processing of your form the local Meet with an academic advisor and contentificate (Note: your financial aid aways Attach a copy of your evaluated CCL processing the local process. The local Process of the | nat is less than 24 credit ho financial aid application. omplete this "CCL Short Plan ard will be based on the program check sheet | urs in length meet Course List" show courses in your p | s this definition. The fold ring the courses that you rogram of study for wh | lowing information is require have remaining for this | |
| Advising Notes | Course # | Credits | Financial Aid Notes | | |
| | | | | | |
| | | | | | |
| | BE COMPLETED: _ | | | | |
| TOTAL HOURS TO | | | | | |

Date

cancelled.

Student's Signature (electronic signature NOT accepted)

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