

2008 SUMMER SESSIONS RETENTION GRANT RECOMMENDATION FORM

Referral to the Student Advisor at Summer Sessions, 1995 University Avenue, Ste 300 / 642-4762

Student Name: _____

Student ID Number (SID): _____ Social Security Number (SSN): _____

Phone Number: _____ Email Address: _____

The above mentioned student is being recommended for a Summer Sessions grant award. I verify that:

- a. the student is not currently enrolled;
- b. the student has been dismissed within the last five academic years;
- c. it is recommended that the student attend Summer Sessions as a condition of readmission.

I recommend that the above mentioned student register for the following course:

DEPARTMENT	COURSE	C C N					SESSION	UNITS	FEE
Laboratory									
Discussion									

Recommended by:

Signature of College or School Advisor

Printed Name

Phone Number

Date

College or School Represented (check one):

- ☐ College of Chemistry
- ☐ College of Engineering
- ☐ College of Environmental Design
- ☐ College of Letters & Science
- ☐ College of Natural Resources
- ☐ Haas School of Business

Comments: _____

For SUMMER SESSIONS and FINANCIAL AID OFFICE use only

Financial aid need verified: ☐ Yes ☐ No

By: _____ Date: _____

Fee Amount Awarded: \$ _____ Date: _____