

Advisor or Program Director	Print name:		
Signature:			Date:
Comments and plan to accomplish educational goals:			

Dean of Students	Fee required:	Yes	No
Signature:		Date:	
Comments:			

Academic Standards Committee Chair	Fee required:	Yes	No
Signature:		Date:	
Comments:			

FOR OFFICE USE ONLY:	Student	Financial Aid	Advisor/Program Dir.	AR
Notification sent date:	/ /	/ /	/ /	\$. / /
	OREINS	Acad Stdg	Hold Removed	
	A ____ C ____	St Inq ____ St Info ____	Y	

Southwestern Oregon Community College does not discriminate on the basis of race, color, gender, sexual orientation, marital status, religion, national origin, age, disability status, or protected veterans in employment, education, or activities as set forth in compliance with federal and state statutes and regulations.