



Please note: Students **must** be enrolled in their classes **before** submitting this form! Check your Corsair Connect account for your enrollment date.

REQUEST FOR CSN MEMORANDUM
(to be completed by student)

The student listed below is requesting a Memorandum and authorizes Santa Monica College to release any relevant information regarding his/her status to CSN. This consent may be revoked at any time, but the revocation will not affect any action already taken in accordance with this consent.

Print student's name	SMC ID#	Student's phone
Student's e-mail address	Student's Major	
Student's signature	Date	

Indicate your goals by checking all that apply:

AA
 Transfer _____
 Other _____

List intended transfer school(s) Please specify goals

For Counselor use only

COUNSELOR VERIFICATION

This is to verify that the student named above has enrolled in the following courses for the summer/winter _____ term:

Course	Units	Days	Time	Begin Date	End Date	Gen Ed	Major	Elective	Transferable
						Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
						No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
						Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
						No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
						Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
						No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

Comments: _____

Counselor's signature	Date
Print counselor's name	