



# AB-19 Student Completion Checklist

***IMPORTANT: Students must schedule an appointment with their counselor to review their disbursement eligibility. Failure to do so may result in delays or ineligibility for disbursement.***

NAME: \_\_\_\_\_ ID# \_\_\_\_\_

Requirement	Description	Date Completed	Student Initials	Counselor Initials
<b>1. Student Information Sheet</b>	Submit a completed Student Information Sheet with updated personal details.			
<b>2. AB-19 Application</b>	Fill out and submit the official AB-19 Application form.			
<b>3. AB-19 Memorandum of Understanding (MOU)</b>	Read, sign, and submit the AB-19 Memorandum of Understanding.			
<b>4. Updated Student Education Plan (SEP)</b>	Meet with a counselor to update and submit your SEP.			
<b>5. Unofficial Transcript</b>	Provide a current unofficial transcript.			
<b>6. First Disbursement</b>	<b>Schedule a counselor appointment to review eligibility before receiving the First Disbursement.</b>			
<b>7. Second Disbursement</b>	<b>Schedule a counselor appointment to review eligibility before receiving the Second Disbursement.</b>			
<b>8. Counseling Meetings &amp; Notes in ConexED</b>	Complete and document counselor meetings in ConexED:			
→ <b>First Meeting</b>	Conducted and documented in ConexED.			
→ <b>Second Meeting</b>	Conducted and documented in ConexED.			
→ <b>Third Meeting</b>	Conducted and documented in ConexED.			
<b>9. Pre- and Post-Survey for New Students</b>	New AB-19 students must complete both:			



**CALIFORNIA COLLEGE  
PROMISE PROGRAM**  
(AB-19)

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<input checked="" type="checkbox"/> Requirement	Description	Date Completed	Student Initials	Counselor Initials
→ Pre-Survey	Completed before starting the program.			
→ Post-Survey	Completed at the end of the program.			
<b>10. Exit Survey for Graduating Students or Those Reaching 70 Units</b>	Students graduating or maxing out their 70-unit limit must complete the Exit Survey.			

## Student Acknowledgment

I acknowledge that I have completed and understood all AB-19 program requirements.

Student Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Counselor Verification

I verify that the student has met all AB-19 program requirements.

Counselor Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_