



NORTH CAROLINA COMMUNITY COLLEGE SYSTEM
H. Martin Lancaster, President

February 8, 2007

MEMORANDUM

TO: Financial Aid Administrators

FROM: Monty K. Hickman, Associate Director
Student Development Services

SUBJECT: Financial Aid Training Assessment Survey

The North Carolina Community College System is in the process of planning financial aid training workshops. These workshops will be tailored to best suit the needs of your financial aid offices.

In order to better serve your needs, we are requesting that each community college financial aid administrator or director complete the attached Financial Aid Needs Training Survey. The survey will assist us in assessing your training needs. Please complete and return the attached survey form to the address indicated.

Additional information will be forwarded to you once we have evaluated your responses and determined the types of training that we will offer. If you have questions, please contact me at (919) 807-7195. Thank you for your continued support.

MH/sb
Attachment

c: Presidents
Dr. Delores A. Parker
Mr. Ken Whitehurst
Ms. Wanda White
Student Development Administrators

CC07-039
Email



North Carolina Community College System

Financial Aid Training Needs Assessment Survey
Please return by Monday, February 19, 2007

TO BE COMPLETED BY FINANCIAL AID ADMINISTRATOR

General Information

Name of College	
Address	
Telephone Number	
Fax	
Email	
Number of employees in office	
Number of new employees hired after July 1, 2006? _____	Title of new employee: <input type="checkbox"/> Director/Assistant Director <input type="checkbox"/> Counselor <input type="checkbox"/> Clerical

Training Audience

- New Directors
- Seasoned Directors
- New Financial Aid Counselors
- Seasoned Financial Aid Counselors
- Clerical/Support Staff

Training Categories

- ACG Grant
- Distance Ed. and Title IV Aid
- Policy and Procedure Handbook
- Return of Title IV (R2T4)
- Satisfactory Academic Progress (SAP)
- File Management
- Interdepartmental Training (Business Office, Admissions, etc.)
- Clock Hours
- HERA
- Professional Judgment
- Report Writer
- Verification
- Audits and Program Reviews

Other: (Please outline any other training that you feel will be needed)

Name: _____ Title: _____
(Please type or print)

Signature: _____ Date: _____

Please complete this form and fax it to the following:

Monty K. Hickman
Associate Director of Financial Aid
(919) 807-7195 Office
(919) 807-7173 fax