



Counseling & Advising Center Academic Progress Report

Date: _____

Student's Full Name: _____ SID: _____

Counselor's Name: _____

Quarter (please circle the appropriate quarter): Fall / Winter / Spring / Summer

Year: _____

Dear Student: It is mandatory that your instructor(s) complete this *Academic Progress Report*. We strongly recommend that you see your instructor(s) during his/her office hours to discuss your progress. **Upon completion, please return to the Counseling Center to meet with a counselor, located on the 2nd floor of the Student Community Services Building (SCS).**

Instructor(s): Please assist the department indicated above by completing this Academic Progress Report for our student.

Thank you.

Course	Satisfactory	Unsatisfactory	Earned Grade to Date	Instructor's Comments and Signature
	<input type="checkbox"/> Attendance <input type="checkbox"/> Participation <input type="checkbox"/> Homework <input type="checkbox"/> Quiz/Exam	<input type="checkbox"/> Attendance <input type="checkbox"/> Participation <input type="checkbox"/> Homework <input type="checkbox"/> Quiz/Exam		
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