ACADEMIC PROGRESS REPORT

STUDENT INFORMATION:

Student Name: ____________________________  (Please Print and Press Hard - 4 Copies)

Student ID Number: ________________________

Student Box Number: ________________________

Adviser Name: ______________________________

TO INSTRUCTOR:

Please complete the following and return to the Office of Advising in Goebel Hall.

(Please Print and Press Hard – 4 Copies)

Course and Section: _________________________________________________

Instructor Name: ____________________________________________________

Please circle term: Fall          J-Term          Spring          Summer

Using the following scale, please rate.

1-poor    2-needs improvement    3-average    4-good    5-excellent

Attendance: ________

Class Participation: _______

Quality of Class Assignments/Homework: ______________

Timeliness of Class Assignments/Homework: ______________

Test Results: ______________

Other (please indicate): ______________

If a grade were to be given now, it would be: ___________

Comments: __________________________________________________________

________________________________________________________________________

________________________________________________________________________

Instructor Signature: ____________________________   Date: ___________________

White: Student    Yellow: Adviser    Pink: Athletics    Gold: Instructor

Revised 7/28/02