

Academic Progress Report – Counseling Services

Student Name: _____ G # _____ Semester: Fall ___ Spring ___ Sum ___ Year: _____

Student must obtain information from all Instructors and bring this form to the Mid-Semester Counseling Appointment.

Course Name	CRN #	Instructor Name	Earned Grade to Date	Attendance		Instructor Signature	Date
				Satisfactory	Unsatisfactory		
1.							
2.							
3.							
4.							
5.							

Additional Comment Section for Instructors – check all that apply and/or write in comments

Course Name:	Comments:
Recommendation(s) if any:	Improve quizzes/exams ___ Complete missing assignments/homework ___ Seek tutoring ___ Improve class participation ___
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