# Academic Progress Report

Circle program(s) below as appropriate:

- Athletics
- DSPS
- Financial Aid
- Counseling
- EOPS
- Student Success
- Other (please print)

Date: ____________________

Student’s Full Name: ____________________________________________ G#: __________

Counselor’s Name: ______________________________________________

Semester (Please circle the appropriate semester): Spring / Summer / Fall 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 the white copy of this form to the office(s) that you circled above. Retain the canary copy for yourself.

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

<table>
<thead>
<tr>
<th>Course</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
<th>Earned Grade To Date</th>
<th>Instructor’s Comments and Signature</th>
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