# Skyline COLLEGE

# 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 (Pease 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.

| Course | Satisfactory | Unsatisfactory | Earned Grade To Date | Instructor's Comments and Signature |
|---|---|---|---|---|
| | ☐ Attendance<br>☐ Participation<br>☐ Homework<br>☐ Quiz/Exam | ☐ Attendance<br>☐ Participation<br>☐ Homework<br>☐ Quiz/Exam | | |
| | ☐ Attendance<br>☐ Participation<br>☐ Homework<br>☐ Quiz/Exam | ☐ Attendance<br>☐ Participation<br>☐ Homework<br>☐ Quiz/Exam | | |
| | ☐ Attendance<br>☐ Participation<br>☐ Homework<br>☐ Quiz/Exam | ☐ Attendance<br>☐ Participation<br>☐ Homework<br>☐ Quiz/Exam | | |
| | ☐ Attendance<br>☐ Participation<br>☐ Homework<br>☐ Quiz/Exam | ☐ Attendance<br>☐ Participation<br>☐ Homework<br>☐ Quiz/Exam | | |