

STUDENT PROGRESS REPORT

Student Name (print): _____

S#: _____ Phone#: _____

Email: _____@student.cccs.edu

Note: Your official CCD email account is the only email CCD will accept for correspondence.

Student Signature: _____ Date: _____

Semester: Spring _____ Summer _____ Fall _____

Dear Instructor:

I am asking for your assistance. As a way to contribute to my success, I am requesting your help documenting my current academic progress. Please complete this form so that I can share the following information with my advisor.

Date: _____ **Course & Instructor:** _____

Attendance: Good Satisfactory Not Acceptable Never Attended

Academic Progress: Above Average Average Below Average Failing Grade

Recommendation: Career Counseling Advising Withdraw from Class

Other: _____

Date: _____ **Course & Instructor:** _____

Attendance: Good Satisfactory Not Acceptable Never Attended

Academic Progress: Above Average Average Below Average Failing Grade

Recommendation: Career Counseling Advising Withdraw from Class

Other: _____

Please return this form to your Advisor or drop off to Confluence Building, Room 123. Monthly progress reports are due on the 15th of each month.

Thank you!

Internal Use Only

This form was requested by (print advisor's name): _____