



ACADEMIC PROGRESS REPORT

COLLEGE OF SAN MATEO

Office of Counseling, Advising & Matriculation

Directions to student: Meet with your professors to discuss class performance.

Directions to professors: Mark the appropriate notation based on the student's academic performance and list the grade the student has earned in your class up to the date listed. Provide grade and signature.

STUDENT NAME _____ G# _____

TERM _____ TOTAL UNITS _____

ACADEMIC PROGRESS AS OF (DATE) _____

Course Information	Attendance	Participation	Assignments	Test & Quizzes	Grade	Instructor's Signature	Comments
Name _____ CRN # _____ Instructor _____ Instructor phone # _____	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Failing	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Failing	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Failing	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Failing			
Name _____ CRN # _____ Instructor _____ Instructor phone # _____	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Failing	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Failing	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Failing	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Failing			
Name _____ CRN # _____ Instructor _____ Instructor phone # _____	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Failing	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Failing	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Failing	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Failing			
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