



Cerritos College

Extended Opportunity Programs & Services

Work-In-Progress (WIP) Report – Due at 2nd Appointment (before 11/07/14)

Student's Name: _____

Student ID #: _____

Instructor Information: The student requesting this grade update is part of the EOPS/CARE program and we would like to assist the student with his/her success in the classroom. This report assists EOPS/CARE in providing the services necessary to support the student's educational goals.

1. Please enter a letter grade or Pass/No Pass
2. Sign the Work-In-Progress Report

Course	Descriptive Title	Units	Grade	Instructor's Signature

Student Information: Meet with your instructors during their scheduled office hours to complete this form. For courses online, send an e-mail to the instructor requesting your grade in the course. Attach the instructor's e-mail response with your grade to this Work-In-Progress (WIP) Report.

Should your Work-In-Progress (WIP) Report indicate "D" or "F" grades, it is recommended that you consider the following steps:

Meet with your instructor to discuss any academic concerns about your class grades and/or steps to resolve and improve class performance.

Seek a tutor for subjects you are having trouble with.

Visit the Student Success Center.

Schedule an appointment with your EOPS counselor.

This is to confirm that the grade(s) and signature(s) above are true and accurate. I further understand that the EOPS/CARE Office may call an instructor to verify any grade and/or signature.

Student's Signature: _____

Date: ____/____/____

EOPS/CARE Office Use Only

Term/Year: Fall _____ Spring _____ Summer _____

Received on: ____/____/____ Received By: _____

EOPS/CARE Weekly Planner

Instructions: Complete the weekly planner with the following:

- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> Class | <input type="checkbox"/> Study Time/Homework | <input type="checkbox"/> Athletics/Gym |
| <input type="checkbox"/> Work | <input type="checkbox"/> Family Responsibilities | <input type="checkbox"/> Other Commitments |
| <input type="checkbox"/> Commute | <input type="checkbox"/> Breakfast/Lunch/Dinner | <input type="checkbox"/> Sleep |

	MON	TUE	WED	THU	FRI	SAT	SUN
7:00 – 8:00							
8:00 – 9:00							
9:00 – 10:00							
10:00 – 11:00							
11:00 – 12:00							
12:00 – 1:00							
1:00 – 2:00							
2:00 – 3:00							
3:00 – 4:00							
4:00 – 5:00							
5:00 – 6:00							
6:00 – 7:00							
7:00 – 8:00							
8:00 – 9:00							
9:00 – 10:00							
10:00 – 11:00							
11:00 – 12:00							

Study Time Formula = 2 hours of study time for each unit taken

Next Steps:

Enter your weekly plans on your smart phone/computer/monthly calendar.

Discuss with an EOPS Specialist or EOPS Counselor at your next appointment.

