

Scholastic Standing Committee - Progress Report

SSC 4/7/11

Last Name	First Name	UMID#
Department	Term	Email
Registration Time	Academic Advisor	Date

Please list the dates you met with your Academic Advisor this term:

1. _____ 2. _____ 3. _____ 4. _____

Outline how you are meeting your conditions for this term

Grades you expect to earn:

	Course	Grade

Student Signature: _____ **Date:** _____

Request each instructor to indicate your performance to date:

Participation includes attendance, course work, homework and, etc. (1 is poor, 5 is good)

Course:	Grade: (approx.)	Participation: (1-5 scale)	Instructor's Signature:
Instructor:	Date:	Comments:	
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Instructor:	Date:	Comments:	
Course:	Grade: (approx.)	Participation: (1-5 scale)	Instructor's Signature:
Instructor:	Date:	Comments:	
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Instructor:	Date:	Comments:	

***** This section must be completed by your Academic Advisor. *****

- Allow early registration for _____ term(s): Student following plan of action and progressing satisfactorily.
- Do not allow early registration, student is not meeting their reinstatement conditions.

Advisor comments:

Advisor Signature: _____ **Date:** _____