

# ACADEMIC PROGRESS REPORT

**Mt. San Antonio College  
Counseling Center  
(909) 274-4380**

**Student Name:** \_\_\_\_\_

**Student ID #** \_\_\_\_\_

**TO THE INSTRUCTOR:**

It is very important that we know his/her progress in your class. The information you provide will help us in assisting the student to meet their educational goals. Please provide the grade-to date, and any additional information you feel may assist us. If you have any questions, feel free to contact the Counseling Center at x4380. Thank you.

**TO THE STUDENT:**

It is your responsibility to make sure that this form is completed by each of your instructors for **all** courses. We recommend that you attempt to meet with your instructors during their scheduled office hours to complete this form. You **MUST** make an appointment to see your counselor and review this progress report.

**Counselor:** \_\_\_\_\_

Date	Course	Grade-to-Date	Recommendations (check all that apply)	Number of absences	Instructor Comments	Instructor Signature
			<input type="checkbox"/> Keep up good work <input type="checkbox"/> Seek Tutoring <input type="checkbox"/> Turn in Work <input type="checkbox"/> Other _____			
			<input type="checkbox"/> Keep up good work <input type="checkbox"/> Seek Tutoring <input type="checkbox"/> Turn in Work <input type="checkbox"/> Other _____			
			<input type="checkbox"/> Keep up good work <input type="checkbox"/> Seek Tutoring <input type="checkbox"/> Turn in Work <input type="checkbox"/> Other _____			
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