

ACADEMIC PROGRESS REPORT

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

Student Name: _____

Student ID # _____

TO THE INSTRUCTOR:

It is important that we know the above named student's progress in your class. The information you provide will help us in assisting them to meet their educational goals. Please provide the grade-to-date and any additional information you feel may assist us.

TO THE STUDENT:

Be sure that this form is completed by all of your instructors. If your courses are online, be prepared to show your grades via the Canvas Dashboard. You **MUST** make a counseling appointment to review your progress.

Email report to **probation@mtsac.edu**

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 _____			
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