



**CENTER FOR ACCESS AND TRANSITION
COURSE PROGRESS REPORT**

STUDENT'S FULL NAME: _____ QTR./YR. _____

COURSE PREFIX & NO.: _____ PROFESSOR: _____

COURSE TITLE: _____

RETURN COMPLETED REPORT TO ADVISOR BY: _____

Please provide the following information about the above named student. This information will be used by the student to clarify his/her academic status and to make necessary improvements. The professional advising staff in the Center for Access and Transition (CAT) will use this information to help the student identify areas that need improvement and to seek help such as tutoring, writing consulting, and study skills enhancement. This information may be requested periodically. In our efforts to foster student ownership of his/her education and to encourage dialogue with faculty, we will ask the student to request faculty completion of these reports and to be present during the form's completion. The instructor will retain his/her copy of the CPR and the student will also be responsible for submitting a copy to his/her advisor. Please contact the student's advisor or the Director of the Advising Center, should you have concerns. Thank you for your cooperation.

PLEASE INDICATE S OR U FOR EACH ITEM:

- ____ Attendance
- ____ Punctuality
- ____ Participation
- ____ Completion of assignments on time
- ____ Tests & quizzes
- ____ Quality of written work
- ____ Quality of lab work or journals
- ____ Other (to be identified by instructor) _____

How might the student improve his/her performance?

CURRENT ESTIMATE OF GRADE: _____

Professor's Signature _____

Date: _____

Student's Signature _____

Date: _____