

SUMMIT COLLEGE
REPORT
Office of Advising Services

ACADEMIC PROGRESS

Fall Semester 2009

Student: Please PRINT the following information:

Please give this form to your instructor one week before due date!

Student's Name: _____ ID#: _____

Local Address: _____
Street City State Zip E-mail address

Complete Course Name: _____

Instructor's Name: _____

Week of
09/14/09 – 09/18/09

Week of
10/12/09 – 10/16/09

Week of
11/09/09 – 11/13/09

Faculty Member: *The student listed above is required to submit academic progress reports to the Summit College Assistant Dean at the end of the 4th, 8th and 12th weeks of the term. Your assistance in providing this information is appreciated.*

Grade Average to Date: _____ Grade is "A" _____ Grade is "D"
_____ Grade is "B" _____ Grade is "F"
_____ Grade is "C" _____ No Grades to Date

Test Grades: _____ Quiz Grades: _____ Paper Grades: _____

Attendance: Good _____ Fair _____ Poor _____
Attitude: Good _____ Fair _____ Poor _____
Overall Effort: Good _____ Fair _____ Poor _____

Comments:

Instructor's Signature: _____ Date: _____ Ext. _____

*It is the student's responsibility to distribute, collect and return in person this form to:
Summit College Advising Services, Polsky Bldg., Room 301.
Phone: (330) 972-7220 – Fax: (330) 972-6952
Zip: +6501*

Students should note that The University of Akron Student Code of Conduct states: Furnishing false or misleading information to university officials or on official university records, or altering or tampering with such records violates stated university rules and regulations and will result in formal disciplinary procedures.