



To: Academic Advisors
From: Office of Financial Aid and Scholarships
Subject: Evaluation of Student's Academic Progress

Student Information

Print Student Name _____ Banner ID _____

_____ Degree the student is currently pursuing

_____ Degree the student has already received (if applicable)

_____ Hours the student has completed towards current degree sought (include applicable transfer hours)

_____ Number of remaining hours the student needs for completion of this degree

_____ Expected semester for degree completion

_____ Semester/Year of Evaluation

Advisor's Signature

Advisor's Signature _____ Date _____ / _____ / _____

Advisor's Extension _____