

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 _____