

## **Academic Progress Report**

Office Use Only

Financial Aid Office PO Box 496006, Redding, CA 96049-6006 Phone: (530) 242-7650

**Student:** If you submit a progress report for a different student support program, you may submit that copy instead of using this form (Example: EOPS Progress Report.)

**Instructors:** Provide the current academic standing if your course. Please encourage the student to utilize all available resources for their success

		STUD	ENT INFORMATION - REQUIRE	D:
Student ID#:	Date of Birth:			
First Name:		Last Name: M.I.		
COLUDE	LINUTC	Commont Lotton	INCTRUCTOR	INICTOLICTOR COMMATNIT
COURSE TITLE	UNITS	Current Letter Grade	INSTRUCTOR SIGNATURE / DATE	INSTRUCTOR COMMENT AND ATTENDANCE STATUS
TERM				
☐ Fall		☐ Sprin	g	Summer
SIGNATURE REQUIRED				
Student Sign	ature:		Date:	

Please return form to the financial aid office room 139 or submit via email to: financialaid@shastacollege.edu

This form contains personally identifiable information. It is important to safeguard your information. Do not mail this form to the U.S. Department of Education. Submit this form by mail through the U.S. Postal Service to Shasta College, PO Box 496006, Redding, CA 96049-6006 or in person to Shasta College Admissions and Financial Aid Office Room 139. Make a copy of this form for your records. Updated 9/26/22