

CLASS PROGRESS INFORMATION

Student Name _____ Student ID @ _____

DATE _____ FSW Email _____@bucs.fsw.edu

Reason for request: ___Override (list course _____) ___Academic Clearance to register
 ___Increase in Credit (# ___cr)

Student: Drop completed form off at Advising Center at any FSW campus location

Faculty Evaluation of Student Progress: Please help us assist this student by supplying the following information:

Class Title & Faculty Signature	Instructor Comment	Class Progress Evaluation
<hr/> Class Title/Course # <hr/> Faculty Signature/printed name		Completion of Assignments: ___ Satisfactory ___ Unsatisfactory Attendance: ___ Satisfactory ___ Unsatisfactory Current Grade: ___ Satisfactory ___ Unsatisfactory Circle (grade of C or >) One: (grade < C)
<hr/> Class Title/Course # <hr/> Faculty Signature/printed name		Completion of Assignments: ___ Satisfactory ___ Unsatisfactory Attendance: ___ Satisfactory ___ Unsatisfactory Current Grade: ___ Satisfactory ___ Unsatisfactory Circle (grade of C or >) One: (grade < C)
<hr/> Class Title/Course # <hr/> Faculty Signature/printed name		Completion of Assignments: ___ Satisfactory ___ Unsatisfactory Attendance: ___ Satisfactory ___ Unsatisfactory Current Grade: ___ Satisfactory ___ Unsatisfactory Circle (grade of C or >) One: (grade < C)

11/09; 3/11; 7/14

PLEASE NOTE: Students will be contacted via their FSW portal email 24-48 hours after request is received.