Organization: _____________________________ Member Name:________________________________________

The information requested on the Academic Progress Report will be utilized to provide educational support to Greek organization members at Rhode Island College. The Office of Student Activities' effort to provide the best possible academic support services to Greek members is dependent on the information you provide on classroom performance. Even more important to this effort are any suggestions you have that could lead to improved performance to this student. Your support is greatly appreciated.

Section Below to be filled out by Professor:

Course:________________________________________________Professor:____________________________

(Subject & Section)

Approximate Class Grade: _____A _____B _____C _____D _____F

Number of Tests: ______________________Number of Classes:_______________________________

Assignments completed and passed in on time:

______ Always ________ Mostly ________ Seldom ________ Never

Number of Assignments not handed in: ________

Suggestions for improvement:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Professor’s Signature __________________________ Date ______________

Thank you for your assistance. If you have any questions, feel free to contact me at x2706 or mgiacalone@ric.edu.

Michael Giacalone, Student Activities Program Coordinator