Visa & Immigration Services
Academic Progress Review Form

Name: ____________________________________________ SBU ID#: __________

Instructions for Advisors: When completing this form please consider in progress (IP) courses as complete. Kindly print and attach the current semester schedule, initialing next to each course that assists in the student making academic progress toward degree completion.

SECTION I: GENERAL ACADEMIC ADVISOR REVIEW

☐ Yes, the student has completed all DEC/SBC requirements. Does the student have a Q grade? ☐ No ☐ Yes
(If yes, student must submit proof of enrollment in Q course.)

☐ No, the student has the following outstanding requirements:

GPA: __________ (min. cumulative of 2.0 needed)

Upper Division Credits
(Required / Actual* / Needed)

39 / _____ / _____

Total Earned Credits
(Required / Actual* / Needed)

____ / _____ / _____

Letter Graded Coursework
(Required / Actual* / Needed)

100 / _____ / _____

*Include in progress (IP) courses/credits

DEC / SBC / Other Outstanding Requirements: __________________________________________________________

Assuming successful completion of any in-progress and future credits the student is expected to complete his/her
general education requirements by _________ _______ (mm/yyyy).

Comments: __________________________________________________________________________________________
__________________________________________________________________________________________

Advisor's Name (Print): ____________________________ Advisor's Signature: ____________________________ Date: _______

SECTION II: MAJOR ACADEMIC DEPARTMENT REVIEW

☐ Yes, the student has completed all major requirements. Declared Major: ____________________________

☐ No, the student has the following outstanding requirements:

* Duplicate forms required for multiple majors

Outstanding Major Requirements: _____________________________________________________________

Assuming successful completion of any in-progress and future credits, the student is expected to complete his/her major
degree requirements by _________ _______ (mm/yyyy).

Comments: __________________________________________________________________________________________
__________________________________________________________________________________________

Major Advisor's Name (Print): ____________________________ Advisor's Signature: ____________________________ Date: _______

SECTION III: MINOR ACADEMIC DEPARTMENT REVIEW

☐ Yes, the student has completed all minor requirements. Minor (if applicable): ____________________________

☐ No, the student has the following outstanding requirements:

* Duplicate forms required for multiple minors

Minor Advisor’s Name (Print): ____________________________ Advisor’s Signature: ____________________________ Date: _______