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.

☐ No, the student has the following outstanding requirements:

Does the student have a Q grade?  ☐ No ☐ Yes
(If yes, student must submit proof of enrollment in Q course.)

GPA: __________ (min. cumulative of 2.0 needed)

Upper Division Credits
(Required / Actual* / Needed)

Total Earned Credits
(Required / Actual* / Needed)

Letter Graded Coursework
(Required / Actual* / Needed)

DEC / SBC / Other
Outstanding
Requirements:

*Include in progress (IP) courses/credits

Delays in student’s academic progress were caused by, if applicable (check all that apply):

☐ change in major field of study  ☐ credits lost through transfer  ☐ documented illness

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.

☐ No, the student has the following outstanding requirements:

Declared Major: ___________________________

* Duplicate forms required for multiple majors

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.

☐ No, the student has the following outstanding requirements:

Minor (if applicable): ___________________________

* Duplicate forms required for multiple minors

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:

__________________________________________________________________________________________________________________

Minor Advisor’s Name (Print): ___________________________ Advisor’s Signature: ___________________________ Date: __________