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.

Have you taken any undergraduate courses more than once? □ No □ Yes

SECTION I: GENERAL ACADEMIC ADVISOR REVIEW

☐ Yes, the student has completed all DEC/SBC requirements.

☐ No, the student has the following outstanding requirements:

Upper Division Credits
(Required / Actual* / Needed)

☐ 39 / _____ / _____

Total Earned Credits
(Required / Actual* / Needed)

☐ / _____ / _____

Letter Graded Coursework
(Required / Actual* / Needed)

☐ 100 / _____ / _____

GPA: ________ (min. cumulative of 2.0 needed)

☐ Include in progress (IP) courses/credits

☐ Upper Division Credit(s) (i.e. ADV 101)

☐ Does the student have a Q grade? □ No □ Yes

(If yes, student must submit proof of enrollment in Q course.)

DEC / SBC / Other
Outstanding
Requirements:

☐ 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:

Outstanding
Requirements:

☐ Major Advisor’s Name (Print): ____________________________ Advisor’s Signature: ____________________________ Date: _________

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:
_______________________________________________________________________________________________________
_________________________________________________________________________________________________________________

SECTION III: MINOR ACADEMIC DEPARTMENT REVIEW

☐ Yes, the student has completed all minor requirements.

☐ No, the student has the following outstanding requirements:

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

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

Comments:
_______________________________________________________________________________________________________
_________________________________________________________________________________________________________________