

DUAL CREDIT ACADEMIC PROGRESS FORM

The purpose of this form is to evaluate student academic progress in the dual credit course(s) indicated below. The student is responsible for obtaining signatures and submitting the signed form to the high school administrator.

This section to be completed in ink by student or high school administrator:

Student Name: _____ Date: _____

High School: _____ High School Grade Level: _____

Student CNM ID #: _____ CNM Term: _____

Reason for Academic Progress request: Athletic/Activity Eligibility Graduation Check Other

If other, please explain: _____

This section to be completed in ink by CNM Instructor:

Course Number & Title <i>(Example: CSE 1101 College Success)</i>	CRN	Current Letter Grade/GPA

Additional Comments: _____

Signature: _____ Date: _____
(CNM Instructor)

Print Name: _____

This CNM student information is confidential and must be maintained in accordance with FERPA. This data is not to be shared or disclosed to a third party outside of the agreed intended purposes. These records are to be destroyed in a manner that completely protects the student's privacy.

