



Mid-Term Progress Report

DUE: _____

Student Name: _____ CSID: _____

To **STUDENT**: Please write in the CRN and Course Title for all of the classes you're taking this semester. Submit the form to each of your instructors for their feedback. Once completed, return form to the STAR TRIO office. If you have an online class, get an email from the instructor and attach it to this progress report. If you have a short-term class, submit a second progress report for that class during the second week of class. Return completed forms to the **STAR TRIO office in I300-201. 619-388-2481.**

To **INSTRUCTOR**: Please assist our program by placing a ✓ in the box indicating how this student is doing in your course and sign where indicated. Comments are strongly encouraged. Thank you.

CRN	Course Title	Above Average	Average	Below Average	Need Tutor	No Basis to Evaluate	Instructor's Signature
1.							
Comments:							
2.							
Comments:							
3.							
Comments:							
4.							
Comments:							
5.							
Comments:							
6.							
Comments:							