



Citrus College

Counseling and Student Development STUDENT ATTENDANCE/PROGRESS REPORT

To the Instructor: This student needs verification of attendance/progress per a grant program requirement. **If you have any questions, call (626) 852-8023.**

Student Name: _____ **SID#** _____

Due Date: _____

***Must schedule an appointment to return this form.**
***Incomplete forms will not be accepted.**

A printout from Blackboard will be accepted for **online classes only.**

COURSE TITLE	UNITS	GRADE TO DATE	ATTENDANCE SATISFACTORY PLEASE CIRCLE		ACADEMIC PROGRESS PLEASE CIRCLE		INSTRUCTORS SIGNATURE
			YES	NO	PASS	FAIL	

COMMENTS: (If attendance/progress is unsatisfactory, please explain):

Received by: _____ **Date:** _____