



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: _____ **CC#** _____

Counselor/Advisor: _____ **Month:** _____

Due Date: _____

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:** _____