**SOLANO COMMUNITY COLLEGE**  
Extended Opportunity Programs and Services (EOPS)  
Academic Student Progress Report

Student Name: ___________________________________________  
SSC ID #: ___________________________________________

**PLEASE PRINT CLEARLY:**

<table>
<thead>
<tr>
<th>Course Title (example: Math 300)</th>
<th>Instructor’s Name</th>
<th>Student’s Attendance (to date)</th>
<th>Recommendation(s)</th>
<th>Tentative Grade on Books (to date)</th>
<th>Instructor’s Signature and Date</th>
</tr>
</thead>
</table>
|                                  |                   |                                | 1. See comments below.  
2. Keep up the good work.  
3. Student needs tutoring.  
4. Complete assignments. |                                  |                   |

Please provide feedback that will help your student to correct your recommendation noted above. If student needs improvement, please specify:

How can the EOPS Program provide assistance regarding your class expectations? Please specify:

**Note:** You are encouraged to use the instructor’s established office hours to complete your EOPS Progress Report. We do not recommend approaching your instructor before or after class if a discussion of academic progress is desired. You understand that additional forms are available on the [www.solano@edu](http://www.solano@edu) website and in the EOPS Office upon request.

Student Signature: _______________________________ Date: ________________  
Office use only: Date rec’d: ________________

**DEADLINE DATE:** EOPS Progress Reports must be returned no later than **Monday, October 13, 2014.** Please return your completed EOPS Progress Reports to the EOPS Office, Room 426.

Revised: 10/1/14