



St. Cloud State University SACM - Progress Evaluation Form (Undergraduate)

Step 1: To be completed by the student:

Last Name: _____ First Name: _____

SCSU ID#: _____ Degree Level: _____

First semester at SCSU: _____ Current I-20 expiration date: _____
(Semester/Year)

Step 2: To be completed by the Academic Advisor:

A. Student's **Declared** Program of Study (Major): _____ (___) Purpose of this form

Major Admission Status: _____ Accepted _____ Intended

Comments: _____

B. Student's **Proposed** Program of Study (Major): _____ (___) Purpose of this form

Comments: _____

C. Number of credits **required** to complete the student's **program of study**: _____ 120: _____ 128: _____

Comments: _____

D. Number of **completed** semester credits, including transferred credits from another institution: _____

a. Of this number, how many were developmental (i.e. MATH 070 & MATH 072): _____

E. Number of credits that are **accepted to count towards graduation** in the student's current program of study: _____

a. Of this number, how many were **taken at SCSU**: _____

b. Of this number, how many were **transferred in** from another institution: _____

F. Number of **remaining credits** in the student's program of study (including the current semester): _____

a. Of this number, how many credits is the student **currently registered** for: _____

b. Of this number, how many credits will the student need to take in **upcoming semesters**: _____

c. Of this number, how many credits are developmental (i.e. MATH 070 & MATH 072): _____

What is the student's expected date of graduation (semester/year): _____

Comments: _____

By signing below, I certify that the student is making normal progress towards his or her educational objective. I have verified that the above listed information is true and correct according to my review of the student's degree audit report.

(Signature of Academic Advisor)

(Date Signed)

(Name and Title – Please Print)

(Phone)

(Academic Department)