



# UNIVERSITY of ALASKA ANCHORAGE

## ACADEMIC PROGRESS REPORT FORM

Office of Financial Aid

3211 Providence Dr. UC 105 Anchorage, AK 99508

[www.uaa.alaska.edu/financialaid](http://www.uaa.alaska.edu/financialaid) (907) 786-1480 Fax: (907) 786-6122 [financial.aid@uaa.alaska.edu](mailto:financial.aid@uaa.alaska.edu)

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_ Semester: \_\_\_\_\_

Reason:  Financial Aid Appeal  Financial Aid Hold  Advisor Request  Other: \_\_\_\_\_

Course: \_\_\_\_\_

Professor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Contact #: \_\_\_\_\_

1. As of today, the student's participation/attendance level:  
 \_\_\_ High \_\_\_ Satisfactory \_\_\_ Low \_\_\_ Failing

2. As of today, the student's academic progress:  
 \_\_\_ High \_\_\_ Satisfactory \_\_\_ Low \_\_\_ Failing

Student would benefit from:  
 \_\_\_ Tutoring \_\_\_ Professor Consultation \_\_\_ Attendance

Instructor Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Course: \_\_\_\_\_

Professor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Contact #: \_\_\_\_\_

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Course: \_\_\_\_\_

Professor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Contact #: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Course: \_\_\_\_\_

Professor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Contact #: \_\_\_\_\_

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Instructor Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IMPORTANT:** If a distance instructor is unable to sign, please request that they email either the advisor or financial aid directly at: [UAA\\_FinancialAid@uaa.alaska.edu](mailto:UAA_FinancialAid@uaa.alaska.edu).