MOUNT HOLYOKE

FRANCES PERKINS PROGRAM ACADEMIC PROGRESS REPORT

To the Applicant

Fill in the information below and give this form to the professor of each course in which you are enrolled at the time you file your application. This form should be returned to us as quickly as possible. Because courses are in progress, we ask professors to provide us with a general indication of your performance.

Student name _____ Social Security No.__ __ __ - __ __ - __ __ __ __
LAST FIRST MIDDLE OPTIONAL

College/University _____ CEEB code _____

To the College Professors

The above-named candidate has applied to transfer to Mount Holyoke College. The Frances Perkins Program would appreciate your completion of one section of this form. This form is solely for use by the Frances Perkins Program and will not become part of the student's permanent record.

Course title/Department _____ Course number_____ Credits _____

Current grade _____ Comments (optional) _____

_____

Professor's signature _____ Date _____

Course title/Department _____ Course number_____ Credits _____

Current grade _____ Comments (optional) _____

_____

Professor's signature _____ Date _____

Course title/Department _____ Course number_____ Credits _____

Current grade _____ Comments (optional) _____

_____

Professor's signature _____ Date _____

Course title/Department _____ Course number_____ Credits _____

Current grade _____ Comments (optional) _____

_____

Professor's signature _____ Date _____

Course title/Department _____ Course number_____ Credits _____

Current grade _____ Comments (optional) _____

_____

Professor's signature _____ Date _____

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