



STATE UNIVERSITY OF NEW YORK

MY ACADEMIC REALITY CHECK (MARC) Progress Report

TERM: Fall Spring Year _____

Student Name _____

Student ID _____

FACULTY MEMBER: We view the Student/Instructor Partnership as one of the most vital factors of student success. We are asking for your support in giving the students a candid assessment of their performance so we can help identify & address any problems they may be experiencing.

COURSE NUMBER/SECTION	ATTENDANCE <i>S (Satisfactory)</i> <i>U (Unsatisfactory)</i>	ASSIGNMENTS <i>S (Satisfactory)</i> <i>U (Unsatisfactory)</i>	CURRENT ESTIMATED GRADE	COMMENTS	FACULTY SIGNATURE/DATE