

**Mission College Financial Aid
Work In Progress Form**

Summer ___ Fall ___ Spring ___

First Name: _____ **Last Name** _____ **Student ID:** _____

Use Ink only

To the Student: Please meet with the instructors in a timely manner in order to complete this form. This form is intended to obtain feedback from your instructor regarding your progress in class. Please return form to the Financial Aid office.

To the Instructor: The above student participates in the MC financial aid program. Please comment on the student's current academic progress by indicating grade to date. Thank you for assisting us with this work in progress process.

College (MC/WVC)	Course Number	Section Number	# of units	Grade To Date(not final)	Please indicate (x) areas of Concern (if applicable)	Instructor's Signature, Comments, & Date
					<input type="checkbox"/> Attendance <input type="checkbox"/> Homework <input type="checkbox"/> Exams <input type="checkbox"/> Quizzes	
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					<input type="checkbox"/> Attendance <input type="checkbox"/> Homework <input type="checkbox"/> Exams <input type="checkbox"/> Quizzes	

Office Use Only:

Student is or not currently meeting expectations. Additional Comments: _____

Financial Aid Staff Signature _____ Date _____