**Academic Progress Report**

**Hibbing Community College**
Student Services Offices
1515 East 25th Street
Hibbing, MN 55746
1-800-224-4422 or 218-262-7200
Fax: 218-263-2992

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**Academic Progress Report**

Last Name: _______________________________________
First Name: ______________________   MI ________

Student ID # or Star ID: ___________________________  Date: _________________________________

Phone No.: _________________________________  Email address: __________________________________

Semester:  ☐ Fall   ☐ Spring   ☐ Summer   20____
Advisor/Counselor: _____________________________________________

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Your academic progress is being monitored for one or more of the following reasons:

1. Academic warning/suspension/probation
2. Conditional Student Petition
3. Internship Evaluation
4. Other _________________________________________________________________

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<tr>
<th>Course Nbr/Name</th>
<th>Current Grade</th>
<th>Instructor Signature</th>
<th>Date</th>
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Use other side if you have additional courses.

**Return this form to your counselor or advisor**