



EXCELSIOR COMMUNITY COLLEGE

CAMPUS: _____

PROGRESS REPORT REQUEST

PLEASE WRITE CLEARLY IN INK USING BLOCK CAPITALS

Is this the first report request for the applicant? Yes [] No [] (N.B.) "Applicant" is the owner of the report			Year for which report is requested <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4
Name under which last registered at E.C.College Mr./Mrs./Miss	Last	First	Middle
Current Mailing Address:			Date of Birth: ____/____/____ Day Month Year
Telephone – Home:	Fax:	E-Mail	ID Number
Work:	Cell:		
Is the applicant a current ECC Student? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Department & Programme:	Date Started: MM/YY	Date of Completion: MM/YY	Date of last Exam: _____ Final <input type="checkbox"/> Resit <input type="checkbox"/>
Give the position of individual, name and address of Institution/Organization to which report should be sent. (PRINT CLEARLY) _____ _____ _____ _____ _____			
Programme being pursued: Bachelor's Degree [] Associate Degree [] Diploma [] Certificate [] Other [] If other, specify_____			
PLEASE NOTE: 1. PROCESSING TIME: within 3 working days. a) <i>The timely processing of your request is dependent on the accuracy and completeness of the information supplied.</i> b) <i>All financial and other obligations outstanding to the College must be met before request is processed, except in cases where reports are requested for funding of outstanding amounts.</i> 2. Report should be collected by requesting individual or other authorized person.			
Name of person completing the form: _____ Date _____			
FOR OFFICE USE ONLY Date Sent	Prepared by: Date:	Signature Document Coordinator Date:	