

## Academic Advisor Evaluation

To: Academic Advisors

From: Office of Financial Aid and Scholarships

Subject: Evaluation of Student's Academic Progress

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*Please complete this form and return it to Financial Aid and Scholarships.*

Student's Name: \_\_\_\_\_

YSU Patron Number: \_\_\_\_\_

Degree that student is **CURRENTLY** pursuing: \_\_\_\_\_

Degree that student has **ALREADY** received (if applicable): \_\_\_\_\_

Hours this student has **COMPLETED** toward **CURRENT DEGREE SOUGHT**  
(including any applicable transfer hours): \_\_\_\_\_

Number of **REMAINING** hours student needs for completion of this degree: \_\_\_\_\_

Semester and year of evaluation: \_\_\_\_\_

\_\_\_\_\_  
Advisor's signature

\_\_\_\_\_  
Date