



Post-Secondary Education Program - Nuu-chah-nulth Tribal Council

5001 Mission Road - PO Box 1383, Port Alberni BC., V9Y 7M2

Phone: (250) 724-5757 Fax: (250) 724-9682 Email: psinfo@nuuchahnulth.org

Progress Report Form

Student Name:		School:	
Due Dates: (please see www.nuuchahnulth.org for exact dates) <input type="checkbox"/> 6 th Week <input type="checkbox"/> 10 th Week <input type="checkbox"/> 14 th Week		Student ID#:	
Course:	Attendance:	<input type="checkbox"/> Good Standing	<input type="checkbox"/> #of Absences: _____
Progress: (Informal until final grads are available)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Yet Meeting	<input type="checkbox"/> Meeting <input type="checkbox"/> Exceeding
Instructor Comments:			
Instructor Signature:		Date:	
<hr/>			
Course:	Attendance:	<input type="checkbox"/> Good Standing	<input type="checkbox"/> #of Absences: _____
Progress: (Informal until final grads are available)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Yet Meeting	<input type="checkbox"/> Meeting <input type="checkbox"/> Exceeding
Instructor Comments:			
Instructor Signature:		Date:	
<hr/>			
Course:	Attendance:	<input type="checkbox"/> Good Standing	<input type="checkbox"/> #of Absences: _____
Progress: (Informal until final grads are available)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Yet Meeting	<input type="checkbox"/> Meeting <input type="checkbox"/> Exceeding
Instructor Comments:			
Instructor Signature:		Date:	
<hr/>			
Course:	Attendance:	<input type="checkbox"/> Good Standing	<input type="checkbox"/> #of Absences: _____
Progress: (Informal until final grads are available)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Yet Meeting	<input type="checkbox"/> Meeting <input type="checkbox"/> Exceeding
Instructor Comments:			
Instructor Signature:		Date:	
<hr/>			
Note: Any falsified information on this progress Report may result in the student's loss of funding and possible repayment to the Nuu-chah-nulth Tribal Council.			
Student Signature:		Date:	