



# Academic Progress & Course Registration Review

## PROFILE

CUNYFIRST ID

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FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

Assigned SEEK Counselor \_\_\_\_\_

SEEK ELIGIBILITY: 1<sup>ST</sup> Semester in SEEK \_\_\_\_\_ # of Semesters in SEEK \_\_\_\_\_

UNITS TOWARD GPA	TAKEN	_____	ACADEMIC LEVEL – CURRENT	_____
	PASSED	_____	ACADEMIC LEVEL – PROJECTED	_____
	IN PROGRESS	_____	CURRENT GPA	_____

## DEGREE REVIEW

Declared Major (primary) \_\_\_\_\_ Date Declared (Mo/Yr) \_\_\_\_\_

Declared Major (dual – secondary) \_\_\_\_\_ Date Declared (Mo/Yr) \_\_\_\_\_

Declared Minor \_\_\_\_\_ Date Declared (Mo/Yr) \_\_\_\_\_

Intended Major(s) (1) \_\_\_\_\_ (2) \_\_\_\_\_

Career Interest(s) (1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (4) \_\_\_\_\_

Degree Works Review: Completed Audit of Degree Works Profile ☐ YES ☐ NO

Date & Student Initials: \_\_\_\_\_ SEEK Counselor Initials: \_\_\_\_\_

## ACADEMIC PROGRESS – CURRENT SEMESTER

Course Name	CR	Satisfies (Major, Core, Elective)	Projected Grade	Academic Support Received

Date & Student Initials: \_\_\_\_\_ SEEK Counselor Initials: \_\_\_\_\_

COURSE SCHEDULE REVIEW

TERM & YEAR \_\_\_\_\_

Class #	Section	Course Name	Course #	Days & Times	CR	Satisfies (Check all that applies)			
						<input type="checkbox"/>	Major	<input type="checkbox"/>	Minor
						<input type="checkbox"/>	Pathways – Required/Flex		
						<input type="checkbox"/>	Pathways - College Option		
						<input type="checkbox"/>	Writing Intensive		
						<input type="checkbox"/>	Dept. Permission Required		
						<input type="checkbox"/>	Major	<input type="checkbox"/>	Minor
						<input type="checkbox"/>	Pathways – Required/Flex		
						<input type="checkbox"/>	Pathways - College Option		
						<input type="checkbox"/>	Writing Intensive		
						<input type="checkbox"/>	Dept. Permission Required		
						<input type="checkbox"/>	Major	<input type="checkbox"/>	Minor
						<input type="checkbox"/>	Pathways – Required/Flex		
						<input type="checkbox"/>	Pathways - College Option		
						<input type="checkbox"/>	Writing Intensive		
						<input type="checkbox"/>	Dept. Permission Required		
						<input type="checkbox"/>	Major	<input type="checkbox"/>	Minor
						<input type="checkbox"/>	Pathways – Required/Flex		
						<input type="checkbox"/>	Pathways - College Option		
						<input type="checkbox"/>	Writing Intensive		
						<input type="checkbox"/>	Dept. Permission Required		
						<input type="checkbox"/>	Major	<input type="checkbox"/>	Minor
						<input type="checkbox"/>	Pathways – Required/Flex		
						<input type="checkbox"/>	Pathways - College Option		
						<input type="checkbox"/>	Writing Intensive		
						<input type="checkbox"/>	Dept. Permission Required		
						<input type="checkbox"/>	Major	<input type="checkbox"/>	Minor
						<input type="checkbox"/>	Pathways – Required/Flex		
						<input type="checkbox"/>	Pathways - College Option		
						<input type="checkbox"/>	Writing Intensive		
						<input type="checkbox"/>	Dept. Permission Required		
						<input type="checkbox"/>	Major	<input type="checkbox"/>	Minor
						<input type="checkbox"/>	Pathways – Required/Flex		
						<input type="checkbox"/>	Pathways - College Option		
						<input type="checkbox"/>	Writing Intensive		
						<input type="checkbox"/>	Dept. Permission Required		

Date & Student Initials: \_\_\_\_\_ SEEK Counselor Initials: \_\_\_\_\_

ADDITIONAL NOTES/COMMENTS: