

## **Self-Evaluation Mid-Term Report**

www.nhcc.edu

Advising Center 7411 85th Avenue North Brooklyn Park, MN 55445-2299 Tel: 763-424-0703 Fax: 763-424-0704 Advising @ nhcc.edu

DUE DATE							
	Term:						
Name (last, first):	Student ID #:						
Instructor:	Course:						
Please evaluate your performance in this course understanding, effort, attitude, and test results:	by address	sing the f	ollowing: a	attendan	ce, assigr	nment cor	mpletion and
Questions for the Instructor							
1.							
2.							
Student Signature:	Date:						
Instructor Section						•••••	
The student is on Academic and/or Financial Aid class by providing the information below:	Probation.	. Please a	assess the	student	's current	progress	in your
I agree with student self-evaluation:			YES		NO		
The student is presently earning a grade of:	Α	В	С	D	F	FN	NC
Comments:							
Instructor Signature:	Date:						
Advising Initia	ls/ Date						