



101 Vera King Farris Drive | Galloway NJ 08205-9441  
 admissions.stockton.edu | admissions@stockton.edu

Division of Enrollment Management  
 Ph: 609.652.4261 | Fax: 609.626.5541

**MID-TERM PROGRESS REPORT FOR TRANSFER APPLICANTS**  
**Non-Stockton Students**

*Note: The student **must** complete the STUDENT section before submitting to the faculty member. The student must sign the Certification Statement at the bottom of this form prior to submitting to Stockton University.*

TO:

*faculty member*

FROM:

Division of Enrollment Management

STUDENT:

*name*

*enrolled in (course title and number)*

*at (name of college)*

The above named student is currently enrolled in your course and is applying for matriculation to Stockton University for next semester. Because an admission decision must be reached before grades become available to Student Records (Registrar), we are requesting your assistance. Please provide the following information which will be reviewed with the applicant's previous records. We cannot render a final decision on this applicant until we receive the progress report. We appreciate your cooperation.

⇒ Evaluation of student's course work to date:

A    B    C    D    F   or    Pass/ Fail    Incomplete

⇒ Attendance for class:  Excellent                       Satisfactory                       Unsatisfactory

⇒ If you feel additional comments regarding this student's contribution to class, motivation and interest would be meaningful, please feel free to comment on the back of this form.

FACULTY SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**CERTIFICATION STATEMENT**

I hereby certify that the above information was completed by the professor and that any misrepresentation of the facts will constitute cause for cancellation of my application prior to admission or dismissal following admission.

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Please return this form to the Admissions Office via fax, email or surface mail by **November 15** for **spring admission** or **April 10** for **fall admission**. Please send email submissions to:  
[erin.peterson@stockton.edu](mailto:erin.peterson@stockton.edu) for last names A-F | [joanne.yost@stockton.edu](mailto:joanne.yost@stockton.edu) for last names G-Z