



**ALFRED P. SLOAN FOUNDATION
SLOAN INDIGENOUS GRADUATE PARTNERSHIP
IN MATHEMATICS, SCIENCE AND ENGINEERING
SLOAN SCHOLAR ACADEMIC REPORT FORM**

Date of Request _____

Name (First, Middle, Last Name) _____ Social Security Number _____

Street Address, City, State/Zip Code _____ **Check if address has changed**

Telephone _____ Email _____

University _____ Department _____

Faculty Member _____ Program Start Date _____

Semester/Quarter of Report _____

ACADEMIC PROGRESS REPORT

GPA for Semester/Quarter _____ **Master's** **Ph.D.**

Expected Date of Completion _____

Major Examinations During Semester/Quarter (if applicable):

Examination _____ Result _____

Examination _____ Result _____

Other recent accomplishments/events during academic program:

ACADEMIC ADVISOR AND PROGRAM DIRECTOR AGREEMENT

We are, respectively, the academic advisor and faculty member designated to approve NACME forms for the student named above. We have reviewed the information detailed above and hereby certify that it accurately reflects both the current enrollment and academic progress of this Sloan Scholar.

Academic Advisor (Print)	Academic Advisor (Signature and Date)
Program Director (Print)	Program Director (Signature and Date)

Once signed by your Academic Advisor and Program Director, please return this form to your principal AIGP contact for forwarding to NACME.