CS IW Checkpoint Form

STUDENT SECTION:

Student Name: ________________________________________________________
Title/Topic: ____________________________________________________________
Advisor: ______________________________________________________________
Approx. Number of Meetings with Advisor (0, 1, 2, 3-5, etc.): _______________
Student Comments [No comments necessary]:

Signature: __________________________                        Date: _________________

ADVISOR SECTION:

I read the student’s checkpoint document (yes/no):

Would you like your student to meet with you more often?  (yes/no): ______

Student Progress (3 - Sensational / 2 - Good / 1 - Unsatisfactory):

Comments:
[If student progress is unsatisfactory, explain what steps they need to take to get on track.]

Signature: _______________________________              Date: _________________