

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Student Instructions:** Please ensure you have listed each course on your schedule and obtained the instructor signature. Return this form along with your request to the Registrar's Office who will then sign off on the original request for academic progress.

By signing below, I authorize UMSL (Instructors, Registrar's Office, etc.) to release the information below.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Instructors:** The student above is seeking to confirm they are attending class and making satisfactory academic progress for the week of \_\_\_\_\_. Please sign and date under your course information. The Registrar's Office will use your approval to sign off accordingly.

| Course Subject | Course Catalog # | Instructor Name |
|----------------|------------------|-----------------|
|                |                  |                 |

I certify the above student has been attending/participating in class and is making satisfactory progress

**Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

| Course Subject | Course Catalog # | Instructor Name |
|----------------|------------------|-----------------|
|                |                  |                 |

I certify the above student has been attending/participating in class and is making satisfactory progress

**Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

| Course Subject | Course Catalog # | Instructor Name |
|----------------|------------------|-----------------|
|                |                  |                 |

I certify the above student has been attending/participating in class and is making satisfactory progress

**Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

| Course Subject | Course Catalog # | Instructor Name |
|----------------|------------------|-----------------|
|                |                  |                 |

I certify the above student has been attending/participating in class and is making satisfactory progress

**Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

| Course Subject | Course Catalog # | Instructor Name |
|----------------|------------------|-----------------|
|                |                  |                 |

I certify the above student has been attending/participating in class and is making satisfactory progress

**Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return Form to:  
Office of the Registrar  
269 MSC

For Questions:  
Phone: 314-516-5545  
Email: [Registration@umsl.edu](mailto:Registration@umsl.edu)