



**MINORITY GRADUATE SCHOLARSHIP PROGRAMS  
SLOAN SCHOLAR ACADEMIC REPORT FORM**

Date of Request \_\_\_\_\_

\_\_\_\_\_  
Name (First, Middle, Last Name)

\_\_\_\_\_  
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 \_\_\_\_\_

Expected Date of Completion \_\_\_\_\_

Major Examinations During Semester/Quarter (if applicable):

\_\_\_\_\_  
Examination Result

\_\_\_\_\_  
Examination Result

Other recent accomplishments/events during academic program:

\_\_\_\_\_

\_\_\_\_\_

**FACULTY CERTIFICATION**

I am the faculty member designated to approve NACME forms for the student named above. I have reviewed the information detailed above and hereby certify that it accurately reflects the academic progress of this Sloan Scholar.

\_\_\_\_\_  
Faculty Member Name and Title (Print)

\_\_\_\_\_  
Faculty Member Signature Date

Please submit this form via fax to 914.539.4032 OR electronically via PDF to [sloanphds@nacme.org](mailto:sloanphds@nacme.org) to the attention of the Program Manager for Sloan Programs, NACME, Inc.