



Alfred P. Sloan  
FOUNDATION

MINORITY PhD. PROGRAM  
IN MATHEMATICS, SCIENCE AND ENGINEERING

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.