



**ALFRED P. SLOAN
FOUNDATION**

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**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 electronically via PDF to sloanphds@nacme.org to the attention of the Program Administrator for Sloan Programs, NACME, Inc.