

In effort to assure that the student in the EAP is maintaining eligibility as outlined in the agreement, the student will be required to meet with the EAP Advisor at least **once per semester** of their Senior year and then with the Director of Admissions of the PA Program at least **once prior to matriculation**. Completion of this form will constitute evidence of such meeting and should be forwarded to the PA Program in a timely manner.

GENERAL INFORMATION

FORM COMPLETED:

| | |
|----------------------|------------------|
| STUDENT NAME: | Graduation Date: |
| Partner Institution: | EAP Advisor: |

PROGRESS REPORT

Update the Admissions Committee on the progress you have made on your plans submitted with your application:

ACADEMIC PLAN:

HEALTHCARE EXPERIENCE PLAN:

ELIGIBILITY CRITERIA | TO BE COMPLETED BY EAP ADVISOR

Please indicate continued eligibility in the areas below along with any comments.

| | | |
|----------------------------------|----------------------------------|---|
| Will graduate this academic year | Overall GPA ≥ 3.25 | Making adequate progress on Academic & HC Exp plans |
| Consistent academic performance | Good academic & conduct standing | Consistently demonstrates professionalism |
| COMMENTS: | | |

SIGNATURES

STUDENT

NAME

SIGNATURE

DATE

ADVISOR

NAME

SIGNATURE

DATE