Arkansas Career Pathways Initiative Monitoring Form

Monitoring Period: _____

Students must submit by designated dates. Monitoring forms must be turned in at a minimum of once per month.

Student: _____ S.S. #_____

Class Name:_____

This student is attending class on a regular basis and maintaining a satisfactory GPA.

_____ _____

Instructor's Signature **Date**

Comments _____

Class Name:_____

This student is attending class on a regular basis and maintaining a satisfactory GPA.

_____ _____

Instructor's Signature **Date**

Comments _____

Class Name:_____

This student is attending class on a regular basis and maintaining a satisfactory GPA.

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Comments _____