

**EDUCATION ATTACHE UNIT, CANBERRA
STUDENT ACADEMIC PROGRESS REPORT**

INSTRUCTIONS:

1. Student: Please complete Section A and B only.
2. Faculty/School: Please complete Section C. Once complete, please return directorofstudies@brunei.org.au no later than ONE (1) month after semester starts.

A. STUDENT DETAILS			
Full Name (In CAPITAL)		BSNZ No.	
Mobile No.		E-Mail Address	
B. ACADEMIC PORTFOLIO			
Sponsorship Awarded By:		Scholarship Start Date (dd/mm/yyyy)	
Reference No.		Scholarship End Date (dd/mm/yyyy)	
Name of Institution		Program Start Date (dd/mm/yyyy)	
Program Title		Program End Date (dd/mm/yyyy)	Year(s)
Academic Year (Please Circle where appropriate)	1 2 3 4 5 6 R	Semester	
C. PROGRAM/MODULE COORDINATOR			
Full Name (In CAPITAL)		Designation	
Office No.		E-Mail Address	
D. PROGRESS REPORT			
Resit Modules (Please state the code and module title)	1.	Resit Dates Please provide the date(s) when the student is expected to do the resit(s)	1.
	2.		2.
	3.		3.
Repeat Modules (Please state the code and module title)	1.	Repeat Semester(s) Please provide when the student is expected to repeat the module(s) again	Sem: Yr:
	2.		Sem: Yr:
	3.		Sem: Yr:
Does the student have results that are still pending? Please explain and provide details of module code(s) and title(s).			
Please state the possible reasons for failures (if applicable).			
Please provide insights on the student's overall attendance and attitude			
Please provide details of any intervention, help and assistance provided by the university to the student.			
If the student is required to repeat his/her failed module(s), please comment as to whether a program extension is required or otherwise.			
Please comment on the students ability to complete the program.			
Signature/Initial		Date (dd/mm/yyyy)	