ACADEMIC PLAN

Student's Name: ___________________________ Current Date: ______________________

Last Name: ___________________________ First Name: ___________________________

Student ID: ___________________________ Current Academic Standing: __________

☐ Probation ☐ DPS ☐ Completion Rate Below 67% ☐ Continued Probation ☐ Good ☐ Readmit

Last Term Enrolled (yr/trm)? # of credits: _______ When do you intend to next enroll (yr/trm)? _______ # of credits: _______

Major: ___________________________ Class Standing: ___________________________

☐ Freshman ☐ Junior ☐ Sophomore ☐ Senior

Section I: Instructions to Student

This academic plan is used as part of the academic review process. Students completing academic petitions for reinstatement, readmission, and financial aid satisfactory academic progress (SAP) must complete this form. Student must meet with his/her academic advisor to complete the academic plan. Academic plans are not official unless signed by advisor.

Section II: Student's Academic Action Plan

Advisor and student should consult to establish specific actions. Students who do not follow the approved plan are in danger of having financial aid canceled and academic petitions denied. Any modifications to plan must be approved by advisor.

Student’s solutions: _____________________________________________________________

Implemention date: ___________________________

1. ________________________________________________

2. ________________________________________________

3. ________________________________________________

4. ________________________________________________

Section III:

Student needs _________ semester(s) to get in good academic standing (2.00 GPA). Student must maintain a minimum GPA of 2.00 each term.

Student needs _________ semester(s) taking _________ credit hours per semester to raise completion rate to 67%.

Section IV: Recommendations and Additional Requirements

☐ Meet with academic advisor (Specify Number of Appointments) ___________________________

☐ Meet with the following professors:

________________________________________________________

________________________________________________________

☐ Receive academic counseling through Office of Academic Support and follow any resulting plans

Student referred to:

☐ Tutoring ☐ LAC ☐ AAMRC

☐ Student Support Services

☐ Complete Academic Success Program (ASP) and/or Effective Study Program (ESP) (specify)

Other Requirements (specify):

________________________________________________________

________________________________________________________

________________________________________________________

Student’s Signature ___________________________ Date ___________________________

Academic Counselor’s Signature ___________________________ Date ___________________________

Student’s Name (Please Print) ___________________________

Counselor’s Name (Please Print) ___________________________