ACADEMIC PLAN

☐ No
☐ Yes
Plan Term __________

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: __________________________________________________________

1. __________________________________________________________________________
2. __________________________________________________________________________
3. __________________________________________________________________________
4. __________________________________________________________________________

Implementation date: ____________

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:

__________________________________________

__________________________________________

______ 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 ____________

Student’s Name (Please Print) ____________________________

Academic Counselor’s Signature ____________________________ Date ____________

Counselor’s Name (Please Print) ____________________________

2013