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:  Implementation 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

Student’s Name (Please Print)

Academic Counselor’s Signature  Date

Counselor’s Name (Please Print)