

ACADEMIC SUCCESS PLAN

NAME:	STUDENT ID #	SEMESTER:
CUMULATIVE GPA:	MAJOR:	DATE:

ACADEMIC WARNING REQUIREMENTS

The following requirements are a condition of academic warning. You must:

- | | |
|---|---|
| <input type="checkbox"/> Complete a self-assessment survey | <input type="checkbox"/> Follow the Academic Success Plan |
| <input type="checkbox"/> Have three meetings with your academic advisor | <input type="checkbox"/> Register for no more than 12.0 credits |

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Due to the academic performance of the above named student, he/she must submit this agreement and adhere to the "Academic Improvement Recommendations" to register for the _____ semester, based on the reason(s) selected below:

- Readmission
 Academic Warning
 Continued Academic Warning – GPA or SAP or BOTH
 Recommended for Improvement

Academic Improvement Recommendations

Schedule/Attend meetings with the following Student Services as listed below: (documentation of meetings is required.)

Register and complete the following courses for the next semester:

Additional course/registration plans

Student: I understand that I must complete the above requirements as a part of my plan to improve my performance for the _____ semester. If I fail to complete the recommendations I understand that:

- 1) As a student who is bordering on Academic Warning that I might be placed on Academic Warning at the end of the semester.
- 2) As a student who is on Academic Warning that I might be placed on Academic Suspension at the end of the semester.
- 3) If I am already on continued Academic Warning, that I will not be considered for any additional Academic Warning appeals and will be permanently suspended from the college.

Student's Signature X _____ Date _____

Advisor's Signature X _____ Date _____

The original agreement will remain in the student's file. Copies will be given to:

- The Student,
 The Student Success Center (if necessary), and
 Faculty Mentor

ACADEMIC PROGRESS - MEETING DOCUMENTATION FORM

Academic Advising Meetings

Date:	Student Signature:	Advisor Signature:
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Notes:

Date:	Student Signature:	Advisor Signature:
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Notes:

Date:	Student Signature:	Advisor Signature:
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Notes:

Mentor Meetings

Date:	Student Signature:	Mentor Signature:	
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Notes:

Date:	Student Signature:	Mentor Signature:	
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Notes:

Date:	Student Signature:	Mentor Signature:	
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Notes:

Student Success Center

Date:	Student Signature:	SSC Staff Signature:	Discussed:
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Notes:

Date:	Student Signature:	SSC Staff Signature:	Discussed:
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Notes:

Date:	Student Signature:	SSC Staff Signature:	Discussed:
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Notes:

Counseling

Date:	Student Signature:	Staff Signature:	Discussed:
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Notes: