Academic Improvement Plan

Date: ________________________________

Student Name: __________________________________________

N Number: ______________________________________

Referred Course: ___________________________ Instructor:_____________________________________

Advisor recommendations for improving class performance (check all that apply):

_____ Attend Class Regularly

_____ Take notes and participate in class

_____ Attend a College Success Skills Workshop (specify workshop below)

_____ Peer Tutoring sessions

_____ Meet with Professor/Instructor during office hours

_____ Regular advising meetings (list how many/how often)

_____ Withdraw from course (reviewed Withdraw Limitation Policy)

_____ Reviewed Withdraw Limitation Policy

_____ Other – specify –

The student agrees to take the steps outlined above to address the academic issues in this class.

______________________ ___    _______________________________
Student Signature     Advisor/Coordinator Signature

Additional comments
_____________________________________________________________________________________
_____________________________________________________________________________________