



Academic Improvement Plan

Students should complete the form below with an advisor, coach or Student Success staff. Once complete, the advisor, coach or Student Success staff member should add a **Note** to Aviso stating that the form is complete and then upload the completed form under **Docs** in Aviso. (Be sure to check the box for “Shared” so that the student may view the uploaded document.) ****Once complete, please notify Dept. Head of Advising or Financial Aid Office.****

Student’s Name _____ **Student ID** _____ **Date** _____

Email _____ **Phone** _____

Program _____ **Semester/Year** _____ **Cumulative GPA:** _____

Advisor/Success Coach _____

Academic Standards Status (PERC): ___ Warning ___ Probation 1 ___ Probation 2 ___ Suspension

Only complete this portion for SAP Appeals (FASI)		
Satisfactory Academic Progress Status: ___ Warning ___ Suspension-Appealing ___ Probation		
Reason for Warning or Suspension:		
Low GPA _____	Less than 67% Completion Rate _____	Max Time Frame _____

1. What are your academic goals? What are your career goals?

2. What factors do you believe are contributing to difficulties in your college courses? How have these factors affected your academic work directly?

3. What will be different going forward? What changes have you made that will allow you to improve your academic course work this semester?



4. Academic plan for upcoming semester(s): (Course plan/sequence, other notes, attach additional pages if necessary.)

Conditions of this Academic Improvement Plan: (Check and student initial all that apply)

- _____ May not drop, withdraw or add any course(s) this semester without first speaking to advisor/coach
- _____ Maintain regular attendance in all registered courses.
- _____ Maintain _____ or better grade/average in each course.
- _____ Repeat the following courses: _____
- _____ Credit hour restrictions (if any): _____
- _____ Respond to advisor/coach’s emails/phone calls/meeting requests to review academic progress.
- _____ Required meetings every _____ week(s) with coach to review academic progress.

Referrals: The student agrees to seek assistance from the following resources:
 (Check and student initial next to all that apply. Then the advisor/coach should create a **Task** in Aviso assigned to the student for each referral.)

<u>Service</u>	<u>Resource</u>	<u>Student Initials</u>	<u>Aviso Task Created</u>
<input type="checkbox"/> Tutoring	Academic Skills Lab/Tutoring Center		<input type="checkbox"/>
<input type="checkbox"/> Writing	Writing Center		<input type="checkbox"/>
<input type="checkbox"/> Math	Math Center		<input type="checkbox"/>
<input type="checkbox"/> Emotional/Counseling	Student Success Center		<input type="checkbox"/>
<input type="checkbox"/> Community Resources	Single Stop		<input type="checkbox"/>
<input type="checkbox"/> Career Counseling	Student Success Center		<input type="checkbox"/>
<input type="checkbox"/> Finances	Financial Aid		<input type="checkbox"/>
<input type="checkbox"/> Veteran Benefits	Veterans Services		<input type="checkbox"/>
<input type="checkbox"/> Male Minority Mentoring	Student Activities		<input type="checkbox"/>
<input type="checkbox"/> TRIO Student Support	TRIO Offices		<input type="checkbox"/>
<input type="checkbox"/> Other: _____	_____		<input type="checkbox"/>

*For referrals related to disability services, please email disabilityservices@alamancecc.edu.

I hereby agree to abide by the terms of this improvement plan:

Student Signature: _____ **Date:** _____

Academic Advisor/Success Coach Signature: _____