



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.)*

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

\*For referrals related to Accessibility Services, please email [accessibilityservices@alamancecc.edu](mailto:accessibilityservices@alamancecc.edu).

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

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor/Success Coach/Staff Signature:** \_\_\_\_\_