

STUDENT-ADVISOR ACTION PLAN

Jefferson- East Falls

Student Name: _____ Campus Key: _____

E-mail: _____ Cell phone number: _____

Upper Level Advisor: _____ Major: _____

Please initial after each statement below:

- I have reviewed and fully understand the terms of academic probation or continued probation at Jefferson. _____
- I have reviewed and fully understand the process of repeating failed courses at Jefferson. _____
- I have reviewed and fully understand the process for satisfying incomplete courses at Jefferson. _____
- I have reviewed and fully understand how my GPA is calculated. _____
- I fully understand the processes and policies regarding course withdraw at Jefferson. _____
- I have reviewed the Student Academic Support Resources at Jefferson. _____
- I agree to meet once a month with my academic advisor. _____

I commit to change the following things that prevented me from being successful last semester:

1.

2.

3.

Minimum GPA required for fall/spring semester: _____

Deadline to withdraw from fall/spring courses: _____

Before meeting with advisor, meet with: _____

Regarding: _____

Date of next meeting with advisor: _____

By signing below, I acknowledge that I am on academic probation and that I understand the dismissal policy according to the academic catalog (found at Jefferson.edu> East Falls> Student Resources> Academic Resources> Academic Catalog> Academic Policies and Procedures> Undergraduate Student Academic Policies and Procedures> Academic Standing). I agree to the terms of my academic probation stated above. I am committed to making my next semester more successful.

Student signature: _____ Date: _____

Advisor name (print): _____

Advisor signature: _____ Date: _____