



Student-Advisor Action Plan
Jefferson University – East Falls Campus

Student Name (please print) Student ID School and Major

Student Email (please print) Home Phone Cell Phone

Student's Initials:

- 1. I have reviewed and fully understand the terms of academic probation and continued probation at Jefferson University – East Falls Campus (consult catalogue: academic policies and procedures)
2. I have reviewed and fully understand the process of repeating (failed) courses at Jefferson University – East Falls Campus (consult catalogue: academic policies and procedures)
3. I have reviewed and fully understand the process for satisfying incomplete courses at Jefferson University – East Falls Campus (consult catalogue: academic policies and procedures)
4. I have reviewed and fully understand the manner in which Jefferson University – East Falls Campus GPA's are calculated. (consult catalogue: academic policies and procedures)
5. I fully understand the process and policies regarding course withdrawal at Jefferson University – East Falls Campus (consult catalogue: academic policies and procedures)
6. I have reviewed the Student Academic Support Resources at Jefferson University – East Falls Campus GPA's are calculated. (consult catalogue: academic policies and procedures)
7. I agree to meet once a month with my academic advisor.

Academic Plan: Minimum GPA required for Fall/Spring semester
I commit to change the following things that Prevented me from being successful last semester. Deadline to withdraw from Fall/Spring courses
Next meeting date with my advisor

- 1.
2.
3.
4.

Student Signature

Academic Advisor Name and Signature