



# CHICAGO STATE UNIVERSITY

## ACADEMIC PLAN

No  
 Yes

Plan Term \_\_\_\_\_

Student's Name: \_\_\_\_\_ Current Date: \_\_\_\_\_

\_\_\_\_\_ Last Name First Name

Student ID: \_\_\_\_\_

Current Academic Standing:

Probation  DPS  Completion Rate Below 67%  
 Continued Probation  Good  Readmit

Last Term Enrolled \_\_\_\_\_ (yr/trm)? # of credits: \_\_\_\_\_ When do you intend to next enroll (yr/trm)? \_\_\_\_\_ # of credits: \_\_\_\_\_

Major: \_\_\_\_\_ Class Standing:  Freshman  Junior  
 Sophomore  Senior

### Section I: Instructions to Student

*This academic plan is used as part of the academic review process. Students completing academic petitions for reinstatement, readmission, and financial aid satisfactory academic progress (SAP) must complete this form. Student must meet with his/her academic advisor to complete the academic plan. Academic plans are not official unless signed by advisor.*

### Section II: Student's Academic Action Plan

**Advisor and student should consult to establish specific actions. Students who do not follow the approved plan are in danger of having financial aid canceled and academic petitions denied. Any modifications to plan must be approved by advisor.**

Student's solutions:

Implementation date:

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

### Section III:

Student needs \_\_\_\_\_ semester(s) to get in good academic standing (2.00 GPA). Student must maintain a minimum GPA of 2.00 each term.

Student needs \_\_\_\_\_ semester(s) taking \_\_\_\_\_ credit hours per semester to raise completion rate to 67%.

### Section IV: Recommendations and Additional Requirements

\_\_\_\_\_ Meet with academic advisor (Specify Number of Appointments) \_\_\_\_\_

\_\_\_\_\_ Tutoring \_\_\_\_\_ LAC \_\_\_\_\_ AAMRC

\_\_\_\_\_ Student Support Services

\_\_\_\_\_ Meet with the following professors:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Complete Academic Success Program (ASP) and/or Effective Study Program (ESP) (specify)

Other Requirements (specify):  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Receive academic counseling through Office of Academic Support and follow any resulting plans Student referred to:

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name (Please Print)

\_\_\_\_\_  
Academic Counselor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's Name (Please Print)