



**Office of Dean of Student's Affairs
Academic Improvement Plan**

I. General Academic Information

- Name: _____
- Student ID: _____
- Term: Choose an item. **2020**
- Program: Choose an item.
- ✓ Overall average _____
 - ✓ Courses not approved _____
 - ✓ Year of entry _____
 - ✓ Approved credits _____
 - ✓ Years in the program Choose an item.

II. Program Academic Evaluation Process

- ✓ Required average: _____
- ✓ Time Limitation Choose an item.
- ✓ Disertations Choose an item. Comments: _____
- ✓ Comprehensive Exams Choose an item. Comments: _____
- ✓ Practicums Choose an item. Comments: _____
- ✓ Internships Choose an item. Comments: _____

III. Description of the situation in need of improvement :

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IV. Matters discussed in meeting with student:

1. _____
2. _____

3.

4. _____

5. _____

V. Recommended and agreed improvement strategies and activities

- Referred to: _____
- Counseling process
- Request for Reasonable Accommodation
- Compulsory participation in extracurricular or co-curricular activities
- University Welfare – Services _____
- Grade reclamation
- Course Repetition Comments: _____
- Time extension
- Removal of incomplete; deadline [Click here to enter a date.](#)
- Licenses, specify: [Choose an item.](#)
- Other, specify:

Comments: _____

This plan was discussed with the student today, _____. The student commits to the execution of this plan and delivering this document to their mentor.

Student Signature

Counselor Signature, Lic.# _____