

**LAKE SUPERIOR COLLEGE
STUDENT SERVICES
ACADEMIC IMPROVEMENT PLAN**

Student Name: _____ ID #: _____

Program: _____ Semester in Probation: _____

In order to assist students on probation, student must complete this form and meet with a Professional/Program Advisor.

Please list all factors that may have contributed to your academic difficulties:

Identify three key areas of improvement:

1. _____
2. _____
3. _____

List all outside commitments (non academic) for the semester (i.e. employment or family)

The following are recommended actions to be taken by the student to improve academic performance:

- Seek tutoring assistance in the Learning Resource Center _____
- Meet with an advisor ___ times per semester _____
- Meet with a counselor _____ times per semester _____
- Attend all classes, without missing more than 3 sessions per semester _____
- Additional measures to take to be addressed this semester:

This contract will be used as supporting documentation for my suspension appeal process for _____ semester (if necessary). I understand a new academic improvement plan may be required each semester I am on probation and/or am required to appeal for financial aid.

Please read the following statements carefully:

-I give permission for my advisor to communicate with other LSC faculty and staff involved with the implementation of this contract.

-If personal or career counseling is specified, I agree that my academic advisor can verify my attendance at these sessions.

-I understand there will be a hold placed on my registration for as long as I remain on Academic Probation.

-I understand that I must abide by the terms and conditions of this Plan. Failure to do so may affect other academic actions, i.e. suspension Reinstatement, financial aid appeals, and/or delay of my registration.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____