



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) _____

_____ Meet with the following professors:

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

_____ Tutoring _____ LAC _____ AAMRC

_____ Student Support Services

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

Other Requirements (specify):

Student's Signature

Date

Student's Name (Please Print)

Academic Counselor's Signature

Date

Counselor's Name (Please Print)