Academic Plan

STUDENT CONTACT INFORMATION

__________________________________________ Name___________________________
Panther ID ____________________________ Last Name ____________________________ First Name ____________________________ MI

Email________________________________________ Phone Number________________________

ADVISOR CONTACT INFORMATION

Name________________________________________ Department________________________

Email________________________________________ Phone Number________________________

REINSTATEMENT INFORMATION

Reinstatement Term: Fall Spring Summer Year:________________

Student GPA:___________ Credit toward GPA:___________ Dismissal Number:___________

Student Major:_________________________ Student Classification: Freshmen Sophomore Junior Senior

CONDITIONS FOR REINSTATEMENT (Select appropriate options)

____ Must Repeat:___________________________________________________________________________________________

____ Must meet with advisor _______ times per week/month/semester/year.

____ Use “Forgiveness” policy for:__________________________________________________________________________

____ May not exceed _________ credit hours this term.

____ Must have a GPA of _________ or higher this term.

____ Must make up incomplete grade(s) in:________________________________________________________________

____ Must register for the following courses:

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<th>Course No.</th>
<th>Class Subject</th>
<th>Class No.</th>
<th>Credit</th>
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Advisor Initials ____________________________ Student Initials ____________________________

OneStop Enrollment Services
Modesto A. Maidique Campus • 11200 SW 8th Street, PC 130 • Miami, Florida 33199
305-348-2320 • Fax 305-348-2941 • onestop@fiu.edu
Biscayne Bay Campus • 3000 NE 151st Street, AC1 100 • North Miami, Florida 33181

Revised: 12/20/13
Academic Agreement

COMMENTS

AGREEMENT

I understand that if I am reinstated, I will be placed on academic probation and agree to fulfill these conditions. While on probation, if my term GPA falls below a 2.0, I will be dismissed from the university again.

I understand that if I am reinstated, I am required to participate in the Academic Reinstatement Program with my assigned advisor. The purpose of the program is to have a support/contact/resource person who is invested in my success at Florida International University and will help guide me through my academic difficulties. I will meet with my advisor and stay in this program until my cumulative GPA is above a 2.0 and I am in good standing with the university. Additional logistics of the program will be designed on a case by case basis and will be discussed with my advisor. Failure to continue in this program will jeopardize my academic standing at FIU.

I have read, understood, and agree to all of the above.

____________________________________  ______________________
Student Signature                  Date

____________________________________  ______________________________________
Dean or dean designee must sign and stamp below

APPROVED  DENIED

Notes: ____________________________________________________________
__________________________________________________________

____________________________________
Dean (or designee) Signature:

____________________________________
Department Stamp