

**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:

Course No.	Class Subject	Class No.	Credit

\_\_\_\_\_  
 Advisor Initials

\_\_\_\_\_  
 Student Initials

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**Academic Agreement**

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**COMMENTS**

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**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