

Academic Plan

STUDENT CONTACT INFORMATION

Name _____
Panther ID _____ Last Name _____ First Name _____ MI _____
 Email _____@fiu.edu Phone Number _____

ADVISOR CONTACT INFORMATION

Name _____ Department _____
 Email _____@fiu.edu 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

SUBMISSION INSTRUCTIONS

1. Login to your my.fiu.edu account
2. Click on the Tasks tile
3. Click on the dismissal link
4. Attach form and any supporting documentation
5. Submit

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 understand that if I was a recipient of financial aid, my appeal will also be reviewed by the financial aid department. If the appeal is approved, I must maintain a GPA of 2.25 in order to continue to receive financial aid.

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

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