Academic Plan

STUDENT CONTACT INFORMATION

_________________________          Name ___________________________________________________________________________________________
Panther ID                                            Last Name                                            First Name                                            M1

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:

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Class Subject</th>
<th>Class No.</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
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

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