

Academic Progress Form

☐ Academic Alert
 ☐ Conditional Status - I
 ☐ Conditional Status - II
 ☐ Academic Suspension

Student's Name: _____ Student ID #: _____

Student Phone Number: (____) _____ Student Email: _____

Based on an evaluation of your academic transcript, you do not meet the requirements of the Academic Progress Policy outlined in the COA Academic Catalog. Students must meet with their advisor to complete this form and formulate a plan for success. Students desiring to appeal Academic Suspension must have their advisor submit this form to the VP, Student Success and Enrollment Management. The Academic Appeals Committee must also approve Academic Suspensions.

INSTRUCTIONS: You must describe in specific detail the circumstance(s) under which you were unable to fulfill the requirements of the Academic Progress Policy. This a reflective and goal-setting opportunity to review your academic plan and seriously consider the academic and life skill support resources accessible and available to create success next semester.

What situation occurred that prevented you from being successful in your academic pursuits? Explain how this situation affected your studies. Attach an additional page if needed.

Action Plan: please select all of the appropriate steps you will take to improve your academic progress

Meet with your advisor 3 times in the semester (required CSI)	Set up a Career Coach profile	Schedule an appointment with NC works	Attend every class meeting
Attend academic intervention workshops/seminars (required CSI)	Schedule individual tutoring through ASC/use Tutor.com	Visit math lab/writing lab when needed	Keep a written schedule of assignment due dates /Purchase a planner
Create an approved degree plan in Self-service	Schedule an appointment with Disability Support Services	Make an appointment with a community resource (specify resource _____)	Communicate early with my instructor if I'm having issues in class

Please list your class schedule for the next term or attach a Self-Service academic plan:

Semester: _____
1. _____
2. _____
3. _____
4. _____

*Attach transcript for Academic Suspension Appeals

Student's Signature

Date

SSEM Advisor Signature

Date