Academic Improvement Plan

Student's Name ________________________________________________ Star ID/Student ID __________________________ Date __________

Email ____________________________________________________________ Phone __________________________________________

Program __________________________________ Semester/Year __________________________________________

Satisfactory Academic Progress Status – Check all that apply
[ ] Warning [ ] Suspension – Appealing [ ] Probation

Reasons for Warning or Suspension – Check all that Apply
[ ] Low Grade Point Average [ ] Less than 67% Credits Completed

Academic Difficulty Assessment

To the student: Which of the following factors are contributing to difficulty in your college courses. Please check all that apply to you.

☐ Study habits not effective ☐ Lack of background for subject
☐ Too many missed classes/late to class ☐ Difficulty with D2L and/or use of technology
☐ Found math and/or reading challenging ☐ Didn’t know how to use NCTC library resources
☐ Personal issues ☐ Work obligations
☐ Health issues ☐ Have too many other activities
☐ Did not seek additional help/clarification ☐ Changed major
☐ Did not complete assignments on time ☐ Other _____________________________
☐ Not interested in subject

☐ Low Grade Point Average ☐ Less than 67% Credits Completed

The terms and conditions of this Academic Improvement Plan must be met by the student in order to meet satisfactory academic progress policy 3070 standards.
(To be filled out with a Counselor or Advisor. Check all that apply).

☐ May not drop, withdraw or add any course(s) during this semester without first speaking to a Counselor/Advisor.

☐ Required to achieve the following (must complete):

For the first term:
- A term/cumulative (circle appropriate), GPA of _____ or greater and a term/cumulative (circle appropriate) completion rate of _____% of more in all courses attempted by the last day of this semester. (I, F, FN, W, NC, and FW grades are not considered completed courses)
- If appropriate, for the second term: A term/cumulative (circle appropriate), GPA of _____ or greater, and a term/cumulative (circle appropriate) completion rate of _____% of more in all courses attempted by the last day of this semester. (I, F, FN, W, NC, and FW grades are not considered completed courses)

☐ Meet with the Academic Success Center director to develop a learning/tutoring plan and comply with the conditions set forth in the plan.

☐ Schedule meetings every _____________ week(s) with the counselor/advisor to review academic progress or submit academic progress reports on a regular basis, as determined by the counselor or academic advisor.

☐ Maintain regular attendance in all registered courses.

☐ Repeat the following courses: ____________________________________________________

☐ Complete the following incomplete course(s) ___________________________________________

☐ Register with the counselor or academic advisor for subsequent semesters.

☐ Other. _________________________________

02/04/15 tm
Other Considerations

150% (Attach 150% calculation form or make notes showing 150% is not a concern)

____ 150% is not a concern ______________________________________________

____ Student is within _____ credits of 150%

____ Student is at 150% and is no longer eligible for financial aid

MNTC GPA

____ MNTC GPA is not applicable – in a technical program

____ MNTC GPA not a concern as current MNTC GPA is ______ above a 2.0

____ MNTC GPA is of concern as current MNTC GPA is ______ below a 2.0

Repeats – courses can be repeated only 2 times (registered for 3 times)

________________________ (course name) already repeated ______________________

________________________ (course name) already repeated ______________________

________________________ (course name) already repeated ______________________

Fresh Start (Academic Policy 3280)

______ Applicable _______ Not Applicable

Comments:

I have reviewed this information and understand the standards I must meet in order to meet Satisfactory Academic Progress requirements.

Student Signature _______________________________ Date _________________________

Advisor/Counselor Signature _______________________________ Date _________________________

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