**Academic Improvement Plan**

Wabash.

 Return this form and all related documents to the

 Wabash College Financial Aid Office

 PO Box 352, Crawfordsville IN 47933

 765-361-6166 (fax)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Last name First name M.I. Wabash Student ID #

**Instructions:**

Meet with your academic advisor to prepare your Academic Improvement Plan (AIP). List all of the courses you must take and pass for each of your remaining semesters to complete your Wabash degree requirements. If you have electives to complete, but are unsure about your final selections, do not restrict yourself to one specific course. For example, if you need a Behavioral Science distribution course, write “Behavioral Science elective” for the course number and leave the course title blank. Additionally, indicate any courses that you plan to retake.

**Example:**

**TERM:** *Spring 2019*

|  |  |  |
| --- | --- | --- |
| Course # | Course Title | Credits |
| *BIO 102* | *Plants and Human Affairs* | *1* |
| *ENG 212 (retake)* | *Creative Writing: Poetry – Language Studies* | *1* |
| *CLA 111* | *Topic Literature and Culture* | *.5* |
| *Behavioral Science elective*  |  | *1* |

In addition to meeting the terms of your AIP each semester, you must:

1. Earn credit in all attempted classes as outlined in your AIP, plus any additional classes you may choose to take. This means that you must finish each class you begin and you cannot have any incompletes or “F” grades.
2. Achieve a semester grade point average of at least 2.0. A higher GPA may be necessary each semester to attain the 2.0 cumulative GPA required for graduation.

If your appeal is granted, the information you provide in your AIP will represent a contract between you and the Financial Aid Office. You should view your AIP as your official plan with no expectation for future revision.

Your Academic Improvement Plan will be reviewed at the end of each semester. Students who fail to meet the outlined requirements will not qualify for future financial aid. If, however, students encounter new extenuating circumstances that were not reported in a prior appeal, an additional appeal may be appropriate and could receive consideration. Subsequent appeals would require a new Academic Improvement Plan. Further, your AIP will become invalid if the Financial Aid Office determines at any point that it is mathematically impossible for you to graduate within the 150% maximum timeframe (12 semesters or 51 attempted credits, whichever comes first).

Complete your Academic Improvement Plan on the back of this paper. Attach additional pages if necessary.

**Name: Expected Graduation Date:**

**TERM:**

|  |  |  |
| --- | --- | --- |
| Course # | Course Title | Credits |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**TERM:**

|  |  |  |
| --- | --- | --- |
| Course # | Course Title | Credits |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**TERM:**

|  |  |  |
| --- | --- | --- |
| Course # | Course Title | Credits |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**TERM:**

|  |  |  |
| --- | --- | --- |
| Course # | Course Title | Credits |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Attach additional pages as necessary.

**Keep a copy of this document for your records.**

**Certification:**

We (student and advisor) have completed the above requested information to the best of our knowledge. We understand that this information will be used when evaluating the student’s appeal to be placed on Financial Aid Probation. We understand that this

document serves as an official plan and have no expectation of future revision.

|  |  |
| --- | --- |
| Student Name: | Advisor Name |
| Date: | Date: |
| Student Signature: | Advisor Signature: |