

ANDREWS UNIVERSITY

NAME _____
Last First

PROBATION STATUS

ID # _____

Plan for Return to Regular Status

Address _____

Department: _____

Concentration/Emphasis: _____

Phone: _____

Degree: _____

PLAN/SCHEDULE OF COURSES

SEMESTER(s)	COURSE #	COURSE TITLE	CREDITS

I intend to follow the plan and schedule of courses for this semester and will get the following GPA in the above courses.

_____ GPA

I understand that if my grade-point average is not met, I will be terminated from the program.

[NOTE: This plan is an academic arrangement between you and your academic program. If you are receiving financial aid, you should check with the Financial Aid Office to make sure that the plan above will comply with financial aid policy.]

Student's Signature: _____ Date _____

Adviser's Signature: _____ Date _____

APPROVED:

College Dean _____ Date _____

For Office Use Only

Cumulative GPA: _____

Date Student Notified: _____

Total Program Credits: _____

First Probation Semester: _____

Dean's Hold Released: _____