

**PROBATION STATUS
Plan for Removal**

FirstName: LastName: ID#:

E-mail: Phone:

Degree: MA EdS PhD EdD Date:

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.

[Note: This plan is an academic arrangement between you and the School of Education. 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 _____

Advisor's signature _____

Date _____

Approved

Dean of School of Education _____

Date _____

For Office Use only

Cumulative GPA:

Date Student Notified:

Total Program Credits:

First Probation Semester:

Dean's Hold Released: