ACADEMIC PLAN AGREEMENT

Name:	k number:	Phone:	
Program:			
Note: Student must initial at academic plan.	ter each statement, indicat	ng that the student und	lerstands each part of the
My advisor and I have review I know where to find the auditor their prerequisites.	t. I understand that I may o	•	•
I understand that the College of where to go to receive these so I plan to get tutoring for the for (Optional)	ervices	-	-
I understand that the College	offers free personal counseling	g. I know where to go to	receive counseling
My advisor and I have discuss	sed school/work/family balar	ce	
My advisor and I have agreed Fall Spring Sur	mmer Year		
Advisor Comments:			
I understand that by signing the semester that I remain on the stand make a plan for the upcor semester until we have met. I with me, the student. *I understand that I and	academic plan. We will disc ning term. I understand that	ass my progress and statu I will not be able to registibility for meeting gradu	us in my program of study ster for the upcoming nation requirements resides
	y appeal is approved I must	complete 75% of the cred	
*If I have any additional Finar Office, 2 nd Floor Kirkwood Ha	<u>=</u>		_
Student Signature/Date	Advisor Name (Pleas	e Print) Advisor Sig	gnature/Date

The college will retain the original and give the student a copy for his or her records.