

ACADEMIC PLAN AGREEMENT

Name: _____ k number: _____ Phone: _____
Program: _____

Note: Student must initial after each statement, indicating that the student understands each part of the academic plan.

My academic advisor and I have reviewed my degree audit and I am aware of the remaining classes I need for graduation. I know where to find the audit. **I understand that I may only take classes that are part of my degree audit or their prerequisites.** _____

I understand that the College offers academic resources such as tutoring and accommodation plans. I know where to go to receive these services. _____

I plan to get tutoring for the following class(es) _____.
(Optional) _____

I understand that the College offers free personal counseling. I know where to go to receive counseling. _____

My academic advisor and I have discussed school/work/family balance. _____

My academic advisor and I have agreed that I will enroll in the following courses for the upcoming semester:

Fall Spring Summer Year _____

Academic Advisor Comments:

I understand that by signing this document, I will meet with my academic advisor/coordinator by the 6th week of each semester that I remain on the academic plan. We will discuss my progress and status in my program of study and make a plan for the upcoming term. I understand that I will not be able to register for the upcoming semester until we have met. I understand that final responsibility for meeting graduation requirements resides with me, the student.

_____ *I understand that I am not required to be a full time student to receive financial aid.

_____ *I understand that if my appeal is approved I must complete 75% of the credits I attempt every term with a minimum GPA of 2.0 to maintain financial aid eligibility.

***If I have any additional Financial Aid questions/concerns, I will seek financial aid advising from the Financial Aid Office, 2nd Floor Kirkwood Hall, or by phone at 319-398-7600 or by email at financial@kirkwood.edu.**

Student Signature/Date

Academic Advisor Name (Please Print)

Academic Advisor Signature/Date

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