

Documentation of Academic Plan for Next Semester

Please submit completed form to the GA Office, PAC 518

Name: _____ Date: _____
UIN: _____ Semester/Year: _____
Academic Degree Program: _____ Academic Advisor: _____
Semester/Year I began the Assistantship: _____ Semester/Year of Graduation: _____
of Hours Completed toward Graduate Degree: _____ # of Hours Remaining in Program: _____
Cumulative GPA: _____

Ongoing eligibility for an assistantship appointment requires that appointees maintain satisfactory academic standing and make satisfactory progress toward degree completion. Graduate students who hold an assistantship appointment, but whose pattern of course completion fails to meet the minimum course load requirements, whose cumulative grade point average falls below 3.0, or who are placed on academic probation or suspension must develop a realistic plan for remediating academic problems in the next semester if they wish to continue in the assistantship. The academic plan must be developed in consultation with the graduate student's academic advisor and department chairperson.

Assistant's Statement and Academic Plan:

I have met with my academic advisor, and we have agreed on the following enrollment plan. I will enroll in the following courses during the _____ (Semester/Year) semester:

Course Number	Course Name	Cr Hrs	Required or Elective
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Credit Hours for the semester: _____

The plan to improve my academic performance also includes the following steps: (Please detail your plan for strengthening your academic performance.) _____

Signature of Graduate Assistant

Date

Academic Advisor's Approval

I have reviewed my advisee's academic progress, current academic status, and degree completion plan. We have developed this course plan to help ensure that my advisee will make satisfactory academic progress toward degree completion in the next semester. I understand that my advisee may need to submit additional course plans for subsequent semesters, in order to maintain academic eligibility for an assistantship.

Signature of Academic Advisor

Date

Approved by:

Signature of Department Chairperson

Date

Graduate Assistantship Approval

Signature of Graduate Assistantship Office

Date