



SATISFACTORY PROGRESS PLAN

Last Name: _____ First Name: _____ Date: _____

Student #: _____ Major(s): _____ Email: _____

STATUS NOTES:	Warning: _____	1 st Probation: _____	for office use only
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COURSE PLAN:

Autumn 20__	Winter 20__	Spring 20__	Summer 20__

Autumn 20__	Winter 20__	Spring 20__	Summer 20__

GOALS AND EXPECTATIONS:

I, _____, agree to the above course plan, goals and expectations. Failure to meet satisfactory progress may result in dismissal.

Student Signature: _____ Date: _____

Adviser Signature: _____ Date: _____