



SATISFACTORY PROGRESS PLAN

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student #: \_\_\_\_\_ Major(s): \_\_\_\_\_ Email: \_\_\_\_\_

STATUS NOTES: Warning: \_\_\_\_\_ 1st Probation: \_\_\_\_\_ for office use only

COURSE PLAN:

Table with 4 columns: Autumn 20\_\_, Winter 20\_\_, Spring 20\_\_, Summer 20\_\_

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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: \_\_\_\_\_