



HIGH POINT UNIVERSITY

Office of Student Financial Planning

Drawer #49

One University Parkway

High Point, NC 27268

(336) 841-9124

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Academic Plan For Improvement

Today's Date: _____ Term for this Academic Plan: _____

Student's Name: _____ ID #: _____

Cumulative GPA: _____ Hours Attempted/Hours Earned: _____/_____

Required minimum GPA for good academic standing: 1.7 1.8 2.0

(0-28 hours attempted requires 1.7; 29-59 hours attempted requires 1.8; 60+ hours requires 2.0. Repeated classes, transfer credit, and pass/fail classes count as hours attempted for this purpose.)

Required minimum hours earned for Satisfactory Academic Progress for financial aid eligibility:

67% of _____ hours attempted = _____.

(Withdrawals, repeated classes, transfer credit, and pass/fail classes count as hours attempted for this purpose.)

Academic Development Staff member: _____

Student Financial Planning Staff member: _____

Conditions:

1. I will meet with _____ (Academic Development staff member) at least once every two weeks to discuss my academic progress. I will not miss a meeting without prior notice. I will re-schedule any missed meetings promptly and will stay in continual contact regarding my academic progress.
2. I will enroll in _____ credit hours this term, and I will complete all hours with a minimum term GPA of _____ with no failing grades.
3. I will visit each of my professors at mid-term to discuss progress and to make any additional plans for success.
4. I will adhere to the attendance policy in each of my classes.

- 5. I will work with tutors in the Academic Development Office as prescribed by my advisor, professors, or _____ (Academic Development staff member).
- 6. I will check my High Point University email account at least once daily and stay informed of all HPU events because I am responsible for knowing information sent to me and provided to me by the University.
- 7. I will seek help from the appropriate office/personnel for which I may have questions, need support or guidance in order to meet the conditions of this Academic Plan.

8. Additional Requirements:

ACADEMIC PLAN APPROVALS:

I understand that I must follow the conditions of this Academic Plan to enhance my chances of attaining good academic standing and/or maintaining eligibility for financial aid. If I do not, I will not meet High Point University’s academic standards for continued enrollment. I will not be eligible for financial aid in future terms unless I raise my eligibility.

This Academic Plan is a contract that applies only to the term listed on Page 1 of this form. This contract and my academic progress will be reviewed at the end of the specified term. If I do not meet the minimum requirements for academic and/or financial aid eligibility, a new Academic Plan may be written for a subsequent term based upon review.

I further agree to permit Student Financial Planning and Academic Development to speak with and/or involve my parents as appropriate.

_____ Date _____
 Student’s Signature

_____ Date _____
 Academic Development Staff Member Signature

_____ Date _____
 Student Financial Planning Signature