

Academic Action Plan

Name: _____ Term: _____ Major: _____

Financial Aid Status:

Good

Warning

LOE (Loss of Eligibility)

LOE Appeal Status: _____

Recommendations/Comments: _____

*Financial Aid Office:
(707) 826-4321, SBS 231*

Academic Standing:

Term GPA: _____ HSU GPA: _____ Overall GPA: _____

Earned Units: _____

Units in Progress: _____

Total units at the end of the semester: _____

GPA plus threshold by Class Level to avoid disqualification:

FR (0-30 units); **1.5** SO (30-59 units); **1.7**

JR (60-89 units); **1.85** SR (90+ units); **1.95**

Academic Probation and Reinstatement Policies

- Academic Probation: Return to good standing with a minimum 2.0 HSU/Overall GPA. To avoid disqualification, HSU/Overall GPA must be at least a _____ by the end of this semester.
 - 1st AP Term 2nd AP Term
- Reinstated: HSU **semester/term** GPA must be a 2.0 or greater each semester to avoid disqualification.
- Reviewed REPEAT Policy (16 units forgiveness, 12 units averaging). Will repeat: _____

Academic Goals:

(GPA calculator: learning.humboldt.edu/gpa-calculator)

- Will reassess academic progress prior to the last date to drop courses.

ADD/DROP deadline: _____ CR/NC Deadline: _____

Information from Transcript:		
	GPA Units	Points
HSU		
Cumulative		

Course	Units	Major, GE, Elective	Count in GPA? (Y/N)	Repeat Course (Y/N)	Grade Goals	Early term Grades	Mid-year Grades	Final Grades
						Date: _____	Date: _____	

Total Units: _____ Goal GPAs - Term: _____ HSU: _____ Overall: _____

1st Check-in Date: _____ Projected GPAs - Term: _____ HSU: _____ Overall: _____

2nd Check-in Date: _____ Projected GPAs - Term: _____ HSU: _____ Overall: _____

What personal challenges and/or concerns do you anticipate this semester? (check any/all areas of concern)

-
- | | | | | |
|---|--|---------------------------------------|--|--|
| <input type="checkbox"/> Motivation | <input type="checkbox"/> Alcohol/drugs | <input type="checkbox"/> Career/major | <input type="checkbox"/> Significant other | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Attitude about school | <input type="checkbox"/> Health | <input type="checkbox"/> Work | <input type="checkbox"/> Friends | <input type="checkbox"/> Low self-confidence |
| <input type="checkbox"/> Academic burnout | <input type="checkbox"/> Test Anxiety | <input type="checkbox"/> Finances | <input type="checkbox"/> Roommates | <input type="checkbox"/> Feeling lonely |
| <input type="checkbox"/> Feeling depressed | <input type="checkbox"/> Math Anxiety | <input type="checkbox"/> Family | <input type="checkbox"/> Living situation | <input type="checkbox"/> Homesickness |
| <input type="checkbox"/> Sleeping/eating habits | <input type="checkbox"/> General Anxiety | <input type="checkbox"/> Children | <input type="checkbox"/> Extra-curricular | <input type="checkbox"/> Other: |
-

Recommendations/Comments: _____

Action Plan

- Planning and organizational strategies: _____
- Follow-through strategies (attendance, etc.): _____
- Test-taking strategies: _____
- Reading and note-taking strategies: _____
- Other: _____
- Outside commitments (work, clubs, extracurricular activities, etc.): _____
- Advisor meetings (follow up dates or frequency): _____

Resources

- Will utilize and attend the following academic success skills resources this semester:
 - Science Tutoring Lab
 - Writing Center
 - Math Tutoring Lab
 - Other
- Supplemental Instruction course(s): _____
- Tutoring (Individual or group): Course: _____, Course: _____, Course: _____
- Skillshops/Other workshops: _____
- Student Support Services: _____

Goals (in addition to academic recovery)

Goals for this semester: _____

I understand the policies regarding my academic standing. I know that following this Academic Action Plan will help me be successful.

Student Signature

Date

Advisor Signature

Date