



Academic Advising's Student Improvement Plan for SAP Appeal

Student Name _____ ID# _____

The purpose of this form is to confirm an Improvement Plan which will bring the students' academic performance in line with Polk State and federal standards for Satisfactory Academic Progress.

Instructions to students: You will need to meet with a Student Success Advisor (Polk State staff member) to obtain the necessary information to complete this form.

Instructions to staff member: Review the student's academic program to determine what courses are needed to complete their degree. You may only include the courses needed to complete the degree or certificate program(s). Create an Academic Improvement Plan strategically planning course loads for the upcoming semesters, so the student has a clear plan to regain their SAP eligibility.

Student responsibilities (You must initial each line):

- _____ Initials I agree to register for the classes I selected with the guidance of my academic success advisor and as outlined in my Plan of Work, provided I am eligible to continue at Polk State.
- _____ Initials I agree to contact my Student Success Advisor immediately if I need to revise my Plan of Work.
- _____ Initials I agree to attend classes beginning with the first class of the semester, if applicable.
- _____ Initials I agree to devote at least 2 to 3 hours of study time for every 1 hour of class time.
- _____ Initials I agree to use all Academic Success Services including tutoring, study skills workshops, personal counseling, and disability services, as appropriate. I also agree to contact my instructor or my Student Success Advisor if I am experiencing difficulty in class(es).
- _____ Initials I understand that I have the responsibility to meet with my Student Success Advisor throughout the semester to review my progress, any Early Academic Alert (EAA) grades I receive and discuss any problems that arise.

Date of next advising appointment: _____

STUDENT ACKNOWLEDGEMENT AND AGREEMENT: By my signature below, I acknowledge that if my appeal is approved, I can receive financial aid, including federal student loans, for only the course(s) and program(s) listed on my degree audit. I understand that if my appeal is approved, the approval may be extended until I complete the program(s) of study shown above as long as I successfully complete 100% of the program courses each semester by maintaining a "C" or better for each course. I understand that if I change to a different program of study, I am required to submit another appeal with the new program of study and this new appeal is subject to approval or disapproval by Financial Aid. I also understand that failure to successfully complete 100% of the above courses will result in termination of eligibility for financial aid at Polk State College.

Student Signature _____ Date

I approve of this improvement plan, which, if followed, may allow the student to attain academic standing acceptable toward Polk State College.

Graduation expected: _____

Comments:

Student Success Coach/ Advisor Signature _____ Name _____ Date