

This form is to be completed for graduate students with a GPA below 3.00 or have earned less than a "B" in any course

Name: _____ Date: _____
Last First MI

J Number: _____ Major: _____

Phone: _____ E-mail: _____

Current Semester Courses:

Current GPA Hours Attempted Hours Earned Total Hours Remaining

List all courses with grades less than "B"

Course Number Course Number Course Number

Student's reason (s) for low academic performance: Please check all that apply

Family Responsibilities _____ Illness _____ Job Responsibility _____ Other _____

Recommendations/plans to improve academic performance (please be specific):

Student's Signature _____ Approved Disapproved

Advisor's Signature _____

Chairman of Department _____

College Dean _____

Accepted for the Graduate Council

Graduate Dean