

## COLUMBUS STATE COMMUNITY COLLEGE ACADEMIC PROBATION FORM

*PLEASE **PRINT LEGIBLY** AND COMPLETE THE GRAY SECTION PRIOR TO MEETING WITH YOUR ADVISOR*

CougarID: \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Telephone Number(s): (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Hours per week you study? \_\_\_\_\_ work? \_\_\_\_\_ commit to other activities? \_\_\_\_\_

What caused your academic difficulty? (e.g., medical/personal problems, not ready for college, employment, time management, death/illness, finances, study/testing skills, career indecision, lack of support, etc.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

List three ways you plan to improve your academic performance. Be specific with your plan.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### ADVISOR TO COMPLETE

Semester / Probation: \_\_\_\_\_ Semester / Re-enrollment: \_\_\_\_\_

Total GPA Credits: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Standards of Satisfactory Academic Progress	
<i>Total GPA Credits</i>	<i>GPA</i>
1 – 16	1.50
17 – 32	1.60
33 – 43	1.75
44 – 54	1.90
55+	2.00

### ADVISOR RECOMMENDATIONS:

- |   |  |
|---|--|
| <input type="checkbox"/> Blueprint Workshop(s): _____<br><input type="checkbox"/> Study 2–3 hours per credit hour per week<br><input type="checkbox"/> Maximum of _____ credit hours<br><input type="checkbox"/> Attend all classes<br><input type="checkbox"/> Reduce work hours<br><input type="checkbox"/> Administrative Withdrawal<br><input type="checkbox"/> Fresh Start Rule<br><input type="checkbox"/> Math Lab—AQ 213 / DH 313<br><input type="checkbox"/> Speech Lab—NH 017<br><input type="checkbox"/> Reading/Writing Lab—AQ 214<br><input type="checkbox"/> Writing Center—Library | <input type="checkbox"/> Tutoring—www.csc.edu/tutoring<br><input type="checkbox"/> Disability Services—EB 101<br><input type="checkbox"/> Math Anxiety—AQ 116<br><input type="checkbox"/> Career Counseling—NH 108<br><input type="checkbox"/> Personal Counseling—NH 010<br><input type="checkbox"/> Academic Advisor/Faculty Advisor: _____<br><input type="checkbox"/> Meet with instructor(s): _____<br><input type="checkbox"/> Review financial aid status with a financial aid advisor/VA coordinator<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Other: _____ |
|---|--|

### ADVISOR NOTES and COURSE RECOMMENDATIONS:

In signing below, I understand that I have **24 ATTEMPTED CREDIT HOURS** (includes W's and repeated courses) to raise my GPA to meet the Standards of Satisfactory Academic Progress in order to avoid Academic Dismissal.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date