

ACADEMIC IMPROVEMENT PLAN

FOR USE IN CONSULTATION WITH DESIGNATED PROFESSIONAL ADVISORS ONLY.

This form should be used to complete the Academic Improvement Plan (AIP) required as part of the petition to clear an academic standing hold. Students on suspension, in addition to completing this form, must have sat out for at least one fall or spring term prior to being cleared for suspension. For questions about USM's academic standing policy, please visit usm.edu/registrar/internalportal/fags-academic-standing.php.

SECTION I: TO BE COMPLETED BY STUDENT TYPE OF ACADEMIC STANDING HOLD **Probation Continued** Suspension PERSONAL AND ACADEMIC INFORMATION Name Student ID Phone **Email Current Major** Desired Major (if applicable) **Current College** Arts & Sciences Business & Econ. Dev. Education & Human Sci. Nursing & Heath Prof. Who is your faculty mentor/advisor? How often do you meet with your faculty mentor/advisor? Have you discussed your academic performance with your faculty mentor/advisor? No Yes Are you currently employed? No Yes If yes, how many hours per week will you work during the semester you're seeking enrollment? Do you live on campus? If no, what is your commute time? Yes No

ACADEMIC OBSTACLES ASSESSMENT

In reviewing your academic performance, what obstacles have impacted your grades? Please check all that apply. We recognize some of the factors listed below are rather personal. The intent of the questions is to encourage true self-reflection that will identify the changes needed to positively impact your academic performance.

Academic

Ineffective study skills/unprepared for exams

Undeveloped time management skills

What worked in high school does not work anymore

Difficult classes/not prepared for course level

Unable to understand course content/relevance

Unable to understand professor/conflict with professor

Hard to concentrate/daydreaming

Registered for too many classes

Did not attend/skipped class

Other

Major/Career

Uncertain about major

Changed major one or more times

Not clear career goals

Not sure why I am in school

USM may not be the place for me

Other

Other Factors Not Listed Above

Personal

Financial difficulties

Health problems

Hard to get out of bed in the morning

Use or abuse of alcohol or other substance(s)

Possible learning disability

Difficulty sleeping at night

Pressure, stress, anxiety or tension

Over-involved with extra-curricular activities

Lack of Motivation

Other

Family/Social Adjustment

Working too much

Roommate or relationship issues

Personal/family situation

Moved away from home/homesick

Difficulty adjusting to college life

Hard to make friends/loneliness

Other

Please explain in detail the three most significant obstacles that affected your academic performance.

Obstacle

Explain Obstacle's Effect on Your Success

1

2

3

SECTION II: I	O BE COMPLETED COLLABORATIVEL	I BI SIC	DENI &	ADVISC	JK
If you had a previou	s academic contract, did you meet your last contract G	PA? Y	es N	o N	N/A
Explain					
Last semester enrol	led at USM	Total	attempted	hours	
		i otal	attomptou	10010	
Southern Miss GPA					
Noto: Profession	nal Advisor, please attach a DPR and an unofficial tr	rancerint	DPR		
Note. Profession	iai Auvisoi, piease allacii a DFR and an unomciai li	anscript.	DFK		
PLAN OF ACTIO	ON				
	of action for getting the next semester off to a successful cing campus resources such as the Center for Student ort courses.				
Goal	Steps to Reach Goal Advi	ising Resource	s (tutoring, p	rofessor offic	e hours, etc.)
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2					
Z					
3					
4					

5

Additional Conditions/Comments	
By signing below, the student attests that the above information is accurate student agrees to the terms of this contract that accompanies this form. Be discussion of the above information with the student to complete the acad	y signing below, the academic advisor confirms
INSTRUCTIONS: SIGNING A FORM WITH ADOBE READER	
Student's Signature	Date
Professional Advisor's Signature	Date
College Dean or Designee's Signature	Date