



4. Academic plan for upcoming semester(s): (Course plan/sequence, other notes, attach additional pages if necessary.)

Conditions of this Academic Improvement Plan: (Check and student initial all that apply)

- _____ May not drop, withdraw or add any course(s) this semester without first speaking to advisor/coach
- _____ Maintain regular attendance in all registered courses.
- _____ Maintain _____ or better grade/average in each course.
- _____ Repeat the following courses: _____
- _____ Credit hour restrictions (if any): _____
- _____ Respond to advisor/coach's emails/phone calls/meeting requests to review academic progress.
- _____ Required meetings every _____ week(s) with coach to review academic progress.

Referrals: The student agrees to seek assistance from the following resources:

(Check and student initial next to all that apply. Then the advisor/coach should create a **Task** in Aviso assigned to the student for each referral.)

<u>Service</u>	<u>Resource</u>	<u>Student Initials</u>	<u>Aviso Task Created</u>
<input type="checkbox"/> Tutoring	Academic Skills Lab/Tutoring Center		<input type="checkbox"/>
<input type="checkbox"/> Writing	Writing Center		<input type="checkbox"/>
<input type="checkbox"/> Math	Math Center		<input type="checkbox"/>
<input type="checkbox"/> Emotional/Counseling	Student Success Center		<input type="checkbox"/>
<input type="checkbox"/> Community Resources	Single Stop		<input type="checkbox"/>
<input type="checkbox"/> Career Counseling	Student Success Center		<input type="checkbox"/>
<input type="checkbox"/> Finances	Financial Aid		<input type="checkbox"/>
<input type="checkbox"/> Veteran Benefits	Veterans Services		<input type="checkbox"/>
<input type="checkbox"/> Male Minority Mentoring	Student Activities		<input type="checkbox"/>
<input type="checkbox"/> TRIO Student Support	TRIO Offices		<input type="checkbox"/>
<input type="checkbox"/> Other: _____	_____		<input type="checkbox"/>

*For referrals related to disability services, please contact Monica Isbell at Monica.Isbell@alamancecc.edu

I hereby agree to abide by the terms of this improvement plan:

Student Signature: _____ **Date:** _____

Academic Advisor/Success Coach Signature: _____