



2900 University Avenue, Hill Hall 9, Crookston MN 56716
 Email: UMCREG@UMN.EDU FAX: 218-281-8549 Phone: 218-281-8548

**ACADEMIC ACTION PLAN
 UNIVERSITY OF MINNESOTA, CROOKSTON**

DIRECTIONS: Complete BOTH SIDES of this form by meeting with your assigned academic adviser (first) and then meet with the Academic Assistance Center Designee (Owen 270).

After completing the form, turn in the signed copy to the Office of the Registrar, Hill 9.

Student Name (Printed)		UMC Student ID #
Student's UMC Address		Student's UMC Campus Post Office Box Number
Student E-mail		Student Telephone Number
Academic Adviser's Name	Major (Program Plan)	First Year Student? <input type="checkbox"/> Yes <input type="checkbox"/> No

Listed below are some possible reasons, behaviors, or circumstances that may have contributed to the academic difficulties that resulted in your academic probation or suspension.

- | | |
|---|--|
| <ul style="list-style-type: none"> ▪ Poor math skills (low ACT math score) ▪ Inadequate high school preparation for college ▪ Poor writing skills ▪ Ineffective study for exams ▪ Did not read textbook or assigned materials ▪ Did not understand course material ▪ Did not complete assignments or prepare for class | <ul style="list-style-type: none"> ▪ Completed assignments "late" ▪ Experienced health problems ▪ Did not attend class regularly ▪ Did not utilize tutor, study groups, or extra help available ▪ Class load was "too heavy" ▪ Did not participate in class discussion ▪ Did not take good notes in class ▪ Experienced personal problems ▪ Disability issues |
|---|--|

Considering the above factors and your personal circumstances, on the backside of this page, describe (1) the nature of your academic problems and (2) your specific plan to overcome these difficulties. Be sure to include how you will take advantage of UMC's personal support and academic assistance services to help you achieve success. (Be very specific. Use additional sheets if necessary.)

***** COMPLETE OTHER SIDE *****

Use additional sheets if necessary

(1) Describe the nature of your academic struggles.

(2) Describe your specific plan to overcome these difficulties and how you will take advantage of UMC's personal support and academic assistance services.

STUDENT SIGNATURE

Date

Adviser's Review and Comments

I have met with the student and, have reviewed, and discussed with her/him their course registration for this term. My suggestions regarding credit load and dropping or adding classes are:

ACADEMIC ADVISER'S SIGNATURE

Date

Academic Assistance Center Designee's Review and Comments (on-line students see the Academic Assistance Center Coordinator) *I have met with the student and, have reviewed, and discussed with her/him the reasons, behaviors, or circumstances that may have contributed to their academic difficulties. My suggestions and recommendations are:*

SIGNATURE - ACADEMIC ASSISTANCE CENTER DESIGNEE

Date

SUBMIT TO:

*Office of the Registrar, University of Minnesota, Crookston, 9 Hill Hall, 2900 University Ave., Crookston, MN 56716-5001
(Updated: September 2013)*