TOURO UNIVERSITY CALIFORNIA ACADEMIC PROGRESS
REMEDIATION FORM

Date: ___________________ Program: ___________________
Student Name: ___________________ Year: ___________________
Email Address: ___________________ Phone Number: ___________________
Degree: ___________________ Program Advisor: ___________________
Student’s Status after Last Completed Semester: Warning Probation Suspension
Date of Financial Aid Appeal Meeting: ___________________
Date placed on first warning or probation: ___________________
Student GPA to Date: __________ Credits Earned: __________ Credits Attempted: __________
Term to Apply Academic Plan: Fall Spring Summer Year: 20 __________

Academic Plan:
Please list in detail below the academic plan for remediating this student’s academic deficiency within the specified grace period. The academic plan must specify the standards of academic progress that the student must achieve for each semester covered by the plan and the student must achieve the established institutional satisfactory academic standards by the end of the academic plan. Please attach letter.

Cumulative GPA Needed to Maintain Financial Aid based on Academic Plan: ___________________
Required Number of Credits for term based on Academic Plan: ___________________
CHECK IF A TWO-SEMESTER ACADEMIC PLAN IS REQUIRED*: ___________________
Second Semester to Apply Academic Plan: Fall Spring Summer Year: 20 __________

Academic Plan:
If the Student CANNOT remediate their academic deficiency in one semester please list in detail below the academic plan for the student to remediate in the second semester of the two-semester plan. The second semester academic plan must specify the standards of academic progress that the student must achieve in the second semester based on the academic plan created for the first semester and the student must achieve the established institutional satisfactory academic standards by the end of the plan. Please attach letter.

*In the case of a Two-Semester plan Student MUST meet with their Academic Advisor after completing the first semester in which the Academic plan has been implemented to re-evaluate the standards for the second semester.

Student Signature ___________________ Date ___________________

Print Name: ___________________

Dean of Students or Designee Signature ___________________ Date ___________________

Print Name: ___________________

Please send this form to the following departments to be initialed AND filed within that department. Confirmation of Department(s) notified*: Bursar _______ Registrar _______
Academic Dean _______ Other: _______

*Copies of the Executed document must also be forwarded back to the Financial Aid Director and placed in the student’s financial aid file.