

**TOURO UNIVERSITY CALIFORNIA ACADEMIC PROGRESS
REMEDATION 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.