

MISSOULA COLLEGE

UNIVERSITY OF MONTANA

Date: _____

Reinstatement Plan for Students on Academic Suspension

Complete top section of form above the line, and bring it your meeting with the Retention Advisor.

Name: _____ Student ID# _____

Address: _____ City: _____ State: __ ZIP code: _____

Phone _____ Email address _____

Intended Major _____ Advisor _____

Previous Major (if different) _____ Previous Advisor: _____

Last Semester of Attendance: _____ Semester to be reinstated: _____

Check Status: Academic Suspension Financial Aid Suspension (handled by Financial Aid Office)

As a student who has experienced academic difficulty and has been suspended, I understand that my first goal is to provide a plan for my academic success. I understand and agree that my academic success is dependent on my efforts to achieve the expected outcomes of each course and that I must maintain a minimum GPA of 2.0 each semester. I agree with, and will abide by, the following plan to enhance my academic opportunities at Missoula College.

I will take a course load of no more than _____ credit hours for _____ semester.

I will enroll in the following courses (Note which are repeats). **Registering for other courses and/or failure to register for agreed courses could jeopardize future academic reinstatement:**

I will attend all classes for the semester (except for emergencies).

I will seek the following tutoring resource(s) for the following courses:

Learning Center: _____

Math @ Mansfield or Math Tech Learning Center: _____

Other: _____

I will enroll in one or more of the following classes/workshops (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> M065 – Pre-Algebra | <input type="checkbox"/> AASC100 – Intro to University Experience |
| <input type="checkbox"/> M 090 - Introductory Algebra | <input type="checkbox"/> WRIT 095 – Basic Composition |
| <input type="checkbox"/> Test Anxiety Workshop | <input type="checkbox"/> Edready for Math review/prep |
| <input type="checkbox"/> Take Math or Writing Placement Exam | <input type="checkbox"/> Study skills workshops (week 2 of semester) |

I will consider limiting my work schedule to _____ hours per week.

(_) I will contact the following services to see if I may be eligible for additional assistance:

- American Indian Student Services – Payne Family Native American Center (243-6306)
- Career Services – Missoula College or UM campus: Lommasson 154 (243-2022)
- Counseling Services – 634 Eddy (243-4711)
- Disability Services for Students (DSS)–Missoula College: MC032 or UM campus: Lommasson 154 (243-2243)
- Financial Aid Office – Lommasson Center, Griz Central (243-5373)
- Financial Education Program – Lommasson Center, Griz Central (243-6016)
- Veterans Education and Transition Services – 1000 E. Beckwith (243-2744)

(_) I have made the following changes to address issues from my previous enrollment:

Finally, I will:

- (_) Contact my academic advisor and the retention advisor if I experience any difficulty this semester.
- (_) Contact my instructors about my progress in all of my classes at mid-term and one other time prior to the end of the semester.
- (_) Meet with the retention advisor regularly for progress updates during the following months: (i.e. September for class and schedule update, October for mid-term grade report, November for Priority Registration)

I agree to complete the items marked above. If I do not meet these responsibilities, I will jeopardize my continued enrollment at The University of Montana-Missoula.

Student Signature	Date
Retention Advisor Signature	Date

Administrative Review:

- (_) Reinstatement Plan approved () Reinstated for (semester): _____
- (_) Revise Reinstatement Plan and resubmit

Comments:

Signature of Associate Dean	Date
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Reinstatement Plan for Students on Academic Suspension

(Complete and bring to your meeting with the Retention Advisor)

Name _____ Student ID # _____

Address _____
(Street address) (City) (State) (Zip)

Phone # _____ E-mail address _____

What do you believe to be the primary reason(s) for your past academic difficulties? (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Poor attendance | <input type="checkbox"/> Lack of organization |
| <input type="checkbox"/> Unsure of major | <input type="checkbox"/> Time management problems |
| <input type="checkbox"/> Unsure about occupational goals | <input type="checkbox"/> Procrastination |
| <input type="checkbox"/> Lack of goals | <input type="checkbox"/> Too much partying/social life |
| <input type="checkbox"/> Lack of motivation | <input type="checkbox"/> Roommate problems |
| <input type="checkbox"/> Unaware of resources (tutoring, etc.) | <input type="checkbox"/> Financial problems |
| <input type="checkbox"/> Did not use resources | <input type="checkbox"/> Housing problems |
| <input type="checkbox"/> Poor study habits | <input type="checkbox"/> Family issues |
| <input type="checkbox"/> Unprepared academically | <input type="checkbox"/> Health issues |
| <input type="checkbox"/> Courses too difficult | <input type="checkbox"/> Personal issues |
| <input type="checkbox"/> Course load too heavy | <input type="checkbox"/> Child care issues |
| <input type="checkbox"/> Disability-related issues | <input type="checkbox"/> Work schedule demands |
| <input type="checkbox"/> Other (explain) _____ | |

In which courses did you experience academic difficulty?

In your own words, please provide details for regarding reasons marked above (use reverse side of form if necessary):

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REINSTATEMENT APPROVAL FORM

Complete only the top section and return this page with your reinstatement appeal packet.

*You are **not** responsible for obtaining the other signatures.

Student ID # 790- _____ Phone (____) _____ - _____

Student Name (please print) _____ Major _____

Student's Signature _____ Date _____

Semester to be reinstated _____

Retention advisor's recommendation: Recommend Not recommended

Comment:

Signature: _____ Date _____

Academic advisor's recommendation: Recommend Not recommended

Comment:

Associate Dean's recommendation: Recommend Not recommended

Comment:

Signature: _____ Date _____