ACADEMIC PROBATION ACTION PLAN

PART I. To be completed by the Student:

Name: Snell Sydney
Last or Family Name: Sydney
First or Given Name: Snell
Middle Name: __________________________

NU ID: 001234567
Current Program/Concentration: MGEN / Information Systems

E-Mail: snell.s@northeastern.edu
Date: (Today’s Date)

Check All That Apply:

☐ BS/MS  ☐ PhD  ☐ Part-Time  ☑ Domestic  ☐ Certificate Only

☑ MS  ☑ Full-Time  ☐ International  ☐ Special Student

First Term on Probation:  ☐ Fall  ☑ Spring  ☐ Summer  2022

Name of Faculty Advisor: ____________________________________________

Student’s next term is:  ☐ Fall  ☐ Spring  ☑ Summer  2022

Term GPA needed to achieve cumulative 3.000 GPA: ______________________

Current Cum. GPA: ___________________________ SH completed: ______________________

Course Registrations for Next Term: (Fill in the courses the student is registering for in the next term)

________________________________________________________________________

Course Repeat (if applicable): ___________________________ Term to be Taken: ______________________

Details of Plan (Attach Additional Documents as Needed):

(In this section, students should describe how they will improve their GPA. For example: reaching out to the course instructor or TA, or utilizing the university resources. Students can attach a separate document if needed.)

________________________________________________________________________

If course repeat is impossible, course substitution may be considered  ☐ Letter Attached

Course Substitution:  Exclude:________________________ Include:________________________ Term to be taken: ______________________

Sydney Snell
Student Signature  (Today’s Date)

Date Signed
PART II. To be completed by the Program Contact and the Graduate School:

1. Program Contact:

   Recommendation: □ Approved □ Denied

   Comments:

   (Program Contact Review)

   Name __________________________ Signature __________________________ Date Signed ____________

   Title: __________________________

   Email: __________________________

2. Graduate School of Engineering:

   Recommendation: □ Approved □ Denied

   Comments:

   (Graduate School Review)

   Name __________________________ Signature __________________________ Date Signed ____________

   Title: __________________________

   Email: __________________________