

Name: \_\_\_\_\_ ID: \_\_\_\_\_



**Laramie County Community College • Student Planning & Success**  
**Academic Recovery Plan**

You are on Academic Suspension because your cumulative GPA has been below a 2.0 for two semesters. A part of your successful appeal is a realistic Academic Recovery Plan that gets you back on course to graduation.

A significant part of your academic recovery will be to follow all aspects of this plan. Should you have to appeal suspension again in the future, one factor your success may be contingent on is the completion of this plan.

**1. Self-Assessment**

Noted areas to work on:

**2. What are pattern areas in the transcript history?**

**3. GPA Calculation**

Current: \_\_\_\_\_ Is it possible to achieve a 2.0 next semester?  Yes  No

If no, what is a realistic GPA to achieve next semester? \_\_\_\_\_

**4. Set Realistic Semester Schedule**

Course to take	Credits	Previous Grade	Goal Grade

**5. Academic Plan for Graduation**

a. Attach

**6. Mandatory Meeting Times (every other week)**

Future advising appointments:  
 Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ ID: \_\_\_\_\_

7. Referrals for Services to Seek		
<input type="checkbox"/> Tutoring	<input type="checkbox"/> Career Center	<input type="checkbox"/> Workshops
<input type="checkbox"/> Writing Center	<input type="checkbox"/> Disability Support Services	<input type="checkbox"/> Sage Trio
<input type="checkbox"/> Math Lab	<input type="checkbox"/> Financial Aid	<input type="checkbox"/> Counseling
<input type="checkbox"/> Other:		
<input type="checkbox"/> Community Services		

**Student: Please read and initial each item below. Your initials indicate that you are committing to following the steps necessary to achieve success.**

\_\_\_\_\_ I will attend classes regularly, be on time, prepared, and complete all assignments to the best of my ability

\_\_\_\_\_ I will meet with each of my instructors at least twice per semester to discuss my progress in the course

\_\_\_\_\_ I will meet with my academic advisor if, at any point, I feel that I cannot follow through on this plan, including dropping or switching courses

\_\_\_\_\_ I will document my use of campus services and bring such documentation to meetings with my advisor

\_\_\_\_\_ I understand that if I do not complete this plan, my future chances of successfully appealing a suspension may be affected

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: