

University of Houston-Victoria

Office of Financial Aid

3007 N Ben Wilson, Ste 133 University West, Victoria, TX 77901-5731

Phone: 361-570-4125

Fax: 361-580-5555

Email: finaid@uhv.edu

Date: _____

Unusual Enrollment History Academic Success Plan

Fall

Spring

Summer

Student's Name: _____ UHV ID#: _____

Cell Phone #: _____ Home Phone #: _____

Email: _____ Major: _____

Semester (last attended): _____

Terms of Academic Success Plan

As a student placed on an Academic Plan for continued Title IV eligibility, I recognize that changes in my habits and academic performance are necessary for my continued attendance at UHV. As part of my effort to improve my academic performance, I agree to actively follow this academic plan during the _____ term(s) with the conditions listed below.

Please initial each section below to show that you have read and that you understand each requirement.

_____ I understand that I must attend class regularly.

_____ I understand that I have been *approved* for the _____ semester and I will be required to achieve a minimum semester **2.0 GPA (Undergraduate)/3.0 (Graduate)**.

_____ I understand that I will *not* be allowed to drop or fail any courses during the Academic Plan term.

_____ I understand that I can register for a **maximum** of 4 classes per term.

I am personally responsible for my academic recovery. I understand that if I do not meet the terms of this Agreement, my continued Financial Aid eligibility at UHV may be affected. I understand that I must meet the terms of the Unusual Enrollment History (UEH) Academic Success Plan.

Student Signature

Date

Financial Aid Specialist's Signature

Date