

Date: \_\_\_\_\_

## Unusual Enrollment History Academic Success Plan

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Student's Name: \_\_\_\_\_ UHV ID#: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Major: \_\_\_\_\_

Semester (last attended): \_\_\_\_\_

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### 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.**

\_\_\_\_\_ 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