



Date: _____

Reinstatement Plan for Students on Academic Suspension

(Complete this form with an advisor and present it, with a transcript, at your reinstatement meeting with the Dean.)

Name _____ Student ID# _____

Address _____
(city) (state) (zip)

Phone _____ Email address _____

Major _____ Advisor _____

Last Semester of Attendance _____

Status: Academic Suspension Financial Aid Suspension
(all financial aid matters 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 The University of Montana-Missoula.

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:

Writing Center TRIO SSS
Math Tutoring Study Jam

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

M065 – Pre-Algebra C&I 160 – Learning Strategies
M 090 - Introductory Algebra WRIT 095 – Basic Composition
Test Anxiety Workshop Take Math Placement Exam
Take Writing Placement Exam

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** – (<https://www.umt.edu/aiss>; 243-6306)
- Experiential Learning and Career Success** – (<https://www.umt.edu/experiential-learning-career-success>; 243-2022)
- Counseling Services** – (<https://www.umt.edu/curry-health-center>; 243-4711)
- Office for Disability Equity (ODE)** – (<https://www.umt.edu/disability>; 243-2243)
- Financial Aid Office** – (<https://www.umt.edu/finaid>; 243-5373)
- Financial Education Program** – (<https://www.umt.edu/financial-education>; 243-6016)
- Registrar's Office** – (<https://www.umt.edu/registrar>; 243-6077)
- TRIO SSS (Student Support Services)** – (<https://www.umt.edu/triosss>; 243-5032)
- UAC Coordinator for At-Risk Students** - (<https://www.umt.edu/undergrad-advising-center>; 243-4415)
- US Military and Veterans Services** – (<https://www.umt.edu/veterans>; 243-2744)

Finally, I will:

Contact my 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 my 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 checked above. If I do not meet these responsibilities, I will jeopardize my continued enrollment at The University of Montana-Missoula.

Student Signature

Date

Advisor Signature

Date

Administrative Review:

Reinstatement Plan approved; Reinstated for (semester): _____

Revise Reinstatement Plan and resubmit

Comments:

Signature of Dean/Associate Dean (or designee)

Date