

University of Illinois at Chicago
College of Nursing

ACADEMIC IMPROVEMENT PLAN

_____, you are presently not performing satisfactorily* in _____, _____.
(Student Name) (Course) (Semester)

*Please refer to the academic policies in the student handbook.

Steps to follow:

1. The student must meet with the instructor to complete this form. The instructor will then forward the form to the Director of Academic Programs for forwarding to the student's advisor.
2. The student must schedule an appointment to meet with his/her advisor within 5 days of meeting with the instructor. Urban Health students are also encouraged to meet with the Urban Health Coordinator.
3. The advisor will forward a copy of the completed form to the instructor and the student will receive a copy.

Section 1: Areas Requiring Improvement

- | | |
|--|---|
| <input type="checkbox"/> Theory/Exams | <input type="checkbox"/> Class/Clinical Preparation |
| <input type="checkbox"/> Clinical/Lab | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Assignments/Quizzes | |

Comments: _____

Section 2: Improvement Strategies

- | | |
|--|--|
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Counseling Center |
| <input type="checkbox"/> UIC Writing Center | <input type="checkbox"/> Revise Program Plan |
| <input type="checkbox"/> Academic Center for Excellence (ACE):
Testing Center/Time Management | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Center for Learning Excellence/Skills Lab | |

Comments: _____

I agree to follow through on these plans to improve my academic performance.

(Student's Signature) (Date)

(Instructor's Signature) (Date)

(Advisor's Signature) (Date)