



## Howard Community College Academic Probation Form

Student Name: \_\_\_\_\_

Student ID # \_\_\_\_\_

Academic Program: \_\_\_\_\_

Educational Goal – check the appropriate choice:

\_\_\_\_\_ Associates Degree

\_\_\_\_\_ Certificate

\_\_\_\_\_ Take courses to transfer to another institution (not seeking to transfer)

\_\_\_\_\_ Take courses without working towards a degree, certificate or transfer

\_\_\_\_\_ Undecided

I understand that I am on academic probation. I also understand the following:

- If I receive financial aid and/or veterans benefits, I must also meet with a financial aid counselor and or the veteran's representative.
- I may enroll for up to 8 credits this term. I am being limited to this number of credits so that I can increase my opportunities to use the college's many resources and achieve academic success.
- In order to ensure my academic success, I must meet with an academic advisor at least once prior to registration for the next major semester in which I am preparing to enroll.
- My academic advisor and I discussed the following related to my academic success at HCC:
  - Study Habits
  - Class attendance
  - Work Schedule
  - Transportation
  - Time Management
  - Changed major more than one time
  - Undecided about major
  - Other: \_\_\_\_\_
- To support my academic success, I will make use of suggested campus resources including:
  - LAC (Tutoring)
  - Career Counseling
  - Disability Accommodations
  - FA Counseling
  - Academic/Transfer Advising
  - Study Skills Assistance
  - Personal Counseling
  - Other: \_\_\_\_\_
- I have also been advised by my academic advisor to do the following: (e.g. reduce work hours; sign up for tutoring)
  1. \_\_\_\_\_
  2. \_\_\_\_\_
- I understand that I will remain on Academic Probation at Howard Community College until I reach Good Standing as stated in the HCC college catalogue. If I do not meet these requirements I acknowledge that I will be placed on Academic Suspension.
- The advisor I met with discussed with me the college's interest in my success and the many resources available to help me. I understand that I can meet with an advisor at any time during office hours or with other appropriate college staff who can assist me in achieving my goals.

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

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

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