**2017-18 Student Improvement Plan – SAP Part 2**

<table>
<thead>
<tr>
<th>Student’s First Name</th>
<th>9-digit WSU Student ID #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student’s Last Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTICE:** If you are filing an appeal for the first time, DO NOT complete this form.

Use this form only if this is not your first SAP appeal. This form is to be used with the Financial Aid Satisfactory Academic Progress Appeal & Academic Action Plan form. A Student Improvement Plan is an academic plan that, if followed, will ensure that you are able to meet satisfactory academic progress (SAP) standards by a specific point in time. Submission of this form does not guarantee aid eligibility.

- Complete this section if you have exceeded or almost exceeded the SAP time frame (150% of the published length of your degree or program).
  - I understand that I am eligible for aid only if I enroll in courses required for my degree or program.

  **STUDENT’S Signature** ___________________________ **Date** ___________________________

- Complete this section if (1) your GPA is below the minimum and/or (2) your academic progress completion percentage (PACE) is below 67%.
  - Documents that you MUST bring with you to your Academic Advisor for his/her review:
    1. You must bring your completed Satisfactory Academic Progress Appeal & Academic Action Plan form
    2. You must bring a copy of your one-page SAP Appeal Explanation Statement and supporting documentation

**Student Responsibilities:**

To indicate you have read and understand each of your responsibilities, place your initials beside each line.

- I agree to register for the classes I selected with the guidance of my academic advisor and as outlined in my Plan of Work, provided I am eligible to continue at Wayne State University.
  - Initials ___________________________

- I agree to contact my academic advisor immediately if I need to revise my Plan of Work.
  - Initials ___________________________

- I agree to attend classes beginning with the first class of the semester.
  - Initials ___________________________

- I agree to devote at least 2 to 3 hours of study time for every 1 hour of class time.
  - Initials ___________________________

- I agree to use all Academic Success Center and Writing Center services including tutoring, supplemental instruction, study skills workshops and counseling, as appropriate. I also agree to contact my instructor or my academic advisor if I am experiencing difficulty in classes.
  - Initials ___________________________

- I agree to the following targets for academic improvement developed with my academic advisors:
  - Initials ___________________________

- I understand that I have the responsibility to meet with my advisor throughout the semester to review my progress, any Early Academic Assessment (EAA) grades I receive, and discuss any problems that arise.
  - Date of next appointment: ___________________________  

- Initials ___________________________

I understand that I have the responsibility to follow this improvement plan. Failure to not meet Financial Aid Satisfactory Academic Progress (SAP) requirements may result in the withdrawal of my financial aid eligibility.

**STUDENT’S Signature** ___________________________ **Date** ___________________________

I approve this improvement plan, which, if followed, may allow the student to attain academic standing acceptable toward WSU’s graduation requirements.

Terms to achieve 2.0 UG/3.0 grad GPA/67% pace: ___________________________  
Graduation expected: ___________________________

<table>
<thead>
<tr>
<th>Number of Terms</th>
<th>SEMESTER</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ADVISOR’S Signature** ___________________________ **Name** ___________________________  
**Phone/Email** ___________________________ **Date** ___________________________