

Section #2: Student Corrective Action Statement (initial by each checkmark)

- ✓ _____ State what corrective actions you will take to meet/maintain minimum Academic Progress Standards (registration loads, grades, tutoring, study time, etc.).
- ✓ _____ You may attach additional pages and/or documentation.
- ✓ _____ All documents should include your name and Banner ID.

Anticipated Graduation Date: _____ semester _____ year

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Print Name _____ Signature _____

Faculty Mentor or Academic Advisor's Signature _____ **Date** _____

- ✓ Advisor's signature signifies that a written academic plan is approved and in place.

Student's Signature _____ **Date** _____

NOTE: Signatures must be handwritten. Computer fonts not acceptable

UPON COMPLETION SUBMIT TO: Student Financial Services at the contact information below.

**Saint Louis University
One Grand Boulevard
DuBourg Hall, Room 121
St. Louis, MO 63103
(314) 977-2350 sfs@slu.edu**