PRELIMINARY REVIEW/ACADEMIC DROP APPEAL FORM

ACADEMIC OPPORTUNITY CENTER

Student Name (PRINT): ____________________________________________ Age: __________
Student ID Number: ____________________________________________ Major: __________
Year in School: ____________________________________________ Cum GPA: __________

Current Employer: ____________________________________________
Job Status/Title: ____________________________________________
Number of hours per week: ________________________________

How many hours per week did you study outside of class this past semester? ______
How many classes have you missed this past semester? ______
If more than three (3) absences per course, please explain:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

On average, how often did you meet with your advisor this past semester? ______
On average, how often during the past semester did you meet with your instructors and/or TAs?
(specify course[s]):
1. _______________ ______________________________  (# of days)
   (course title)                                               
2. _______________ ______________________________  (# of days)
   (course title)                                               

List the course(s) for which you received tutoring on a weekly basis.
1. __________________________________
2. __________________________________
3. __________________________________

List the course(s) for which tutoring was NOT available.
1. __________________________________
2. __________________________________
3. __________________________________

What other services/resources did you pursue to help improve your performance?
1. __________________________________
2. __________________________________

In what ways have you improved academically?

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

What has prevented you from doing satisfactory work at the University?

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

How do you plan to improve your performance in the future? Be specific.

___________________________________________________________________________
___________________________________________________________________________

Student Signature: ____________________________ Date: ________________
Day Phone #: (               )______________
Email Address: ____________________________ Evening Phone #: (               )______________

(If you need more space, please feel free to use reverse side or another sheet of paper)