Education Development Plan and Academic Contract
For Students on Credit Limit

Date: __________________ Student Name: ________________________________ Student JC ID: ________________

Student Success Navigator: ___________________________ Student Success Navigator’s Ext. ______________

Part 1: Overview of Policy and Status (Please initial next to each item as evidence of your understanding.)

I understand that:

_____ I am currently on credit limit and that I will need to achieve at least a cumulative financial aid GPA of 2.0 in all courses attempted.

Part 2: Education Development Plan and Agreement

To demonstrate the good faith in meeting appeal requirements, I need to do the following:

- Meet with my Student Success Navigator and review the reasons for my academic difficulties
- Establish realistic academic goals based on my unique needs and challenges
- Meet as requested with my Student Success Navigator to review progress
- Follow-up on agreed upon interventions.

Contact the Center for Student Success, Potter Center, (517)796-8415, for the services indicated:

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<tr>
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<th>Tutoring</th>
<th>Assistance with writing</th>
<th>Assistance with math</th>
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<td>Study strategies/skills</td>
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<td>Time management</td>
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<td>Special accommodations</td>
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I will meet with my Student Success Navigator at the following frequency: Every Semester

Initial ______

For my meetings with my advisor, I will be prepared with the following: Course plan and advising audit

Initial ______

Academic interventions I will do this semester (Course Plan): Maintain a 2.0 in all attempted coursework

Initial ______

Additional academic requirements (specified grades for defined courses) for the semester:

Initial ______

Print Student’s Name

JC Student ID

Student’s Signature

Date

Student Success Navigator’s Signature

Date

☐ Student Copy

☐ Financial Aid Copy