

#### OFFICE OF THE REGISTRAR

45 Eureka St., Pasadena, CA 91103 TEL 626.529.8076 / FAX 626.466.3011 RegistrarOffice@pacificoaks.edu

### **ACADEMIC RECOVERY PLAN**

Our records indicate that you failed to maintain Satisfactory Academic Progress (SAP) toward your program over the past semester. Pacific Oaks College (POC) upholds Satisfactory Academic Progress requirements for all matriculated students. For details about current SAP standards, please see the current <u>Academic Catalog & Student Handbook</u>.

Pacific Oaks requires that you complete an Academic Recovery Plan (ARP). By submitting this form, you agree to demonstrate reasonable progress in improving your cumulative GPA and/or rate of progress in order to continue your enrollment in good academic standing.

SECTION I: STUDENT INFORMATION						
Name:	Student ID#:					
POC Email:	Preferred Phone:					
Faculty Advisor::	Faculty Advisor Email:					
Campus:	Faculty Advisor Phone:					
Current Academic Program:	cipline:					
Degree Level:						
Circumstances you feel contributed to unsatisfactory academic performance last semester (check all that apply):  Course difficulty Family/personal Study habits Low attendance Choice of program Health Time management Social distractions Transportation Bereavement Work or other time commitments						
SECTION II: SAP						
<ul> <li>Satisfactory Academic Progress is measured at the end of each payment period (generally a semester).</li> <li>Students placed on Financial Aid &amp; Academic Warning have one semester to meet the minimum SAP requirements.</li> <li>Students placed on Financial Aid &amp; Academic Probation will have one semester to meet the minimum SAP requirements. Failure to meet SAP after one semester will result in Dismissal.</li> </ul>						
Current SAP Status: Financial Aid & Academic Warning	Financial Aid & Academic Probation Pending Probation					
ate notified of SAP status:  ARP Submission Deadline:						
Semester/session in which SAP was not met:	Next semester/session when SAP will be reviewed:					
Year Semester/Session	Year Semester/Session					
☐ Fall ☐ Fall 1 ☐ Fall 2	☐ Fall ☐ Fall 1 ☐ Fall 2					
☐ Spring ☐ Spring 1 ☐ Spring 2	Spring Spring 1 Spring 2					
☐ Summer ☐ Summer 1 ☐ Summer 2	☐ Summer ☐ Summer 1 ☐ Summer 2					
	Additional semester/session when SAP will be reviewed: (requires approval from Academic Standards Committee) Year Semester/Session					
	☐ Fall ☐ Fall 1 ☐ Fall 2					
	Spring Spring 1 Spring 2					
	□ Summer □ Summer 1 □ Summer 2					

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#### **SECTION III: REGISTRATION PLAN**

PLEASE NOTE: In order to meet SAP, you MAY NOT earn an "X", "W", or "I" in any courses in the next semester/session.

Semester	J					
Term/ Course Session Code		Course Title		Units	Target Grade	Repeated Course?
Jession Code					3.0.00	
Minimum units to be met this semester:			Minimum GPA to be met this semester:			
Starting CGPA:			Starting Rate of Progress:			
Ending CGPA:			Ending Rate of Progress:			
Semester	2 (requires a	oproval from the Academic Sto	andards Committee)			
Term/ Session	Course Code	Course Title		Units	Target Grade	Repeated Course?
Minimum units to be met this semester:  Minimum GPA to be met this semester:						
Starting CGPA:			Starting Rate of Progress:			
Ending CGPA:			Ending Rate of Progress:			
		SECTION IV: ADVISIN	NC CHIDEHNES			
Peguired a	ctions/condition	s of continued enrollment:	NG GUIDELINES			
		an units per semester/session unti	ISAP is met			
	_	pt in extraordinary circumstances.	19/11 13 11101.			
	•	I courses with the target grades requi	red.			
 Meet wi	th your Faculty A	dvisor times per semester/session	٦.			
☐ Meet wi	th your instructo	outside of class times per semes	ter/session.			
☐ Work wit	h your Faculty A	dvisor to develop better time manag	ement strategies for regular st	udy hours		
☐ Work wit	h your Faculty A	dvisor to determine which program a	nd campus fit into your long t	erm goals.		
☐ Work wit	h a tutor to dev	elop these specific skills:				_
Other:						_
 Addition						

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SECTION V: ACKNOWLEDGMENTS						
By signing this document, I agree to the terms outlined in this Academic Recovery Plan. I understand that my financial aid						
eligibility and my academic success at Pacific Oaks is dependent upon meeting all SAP standards.						
Student Signature:		Date:				
Faculty Advisor Signature:		Date:				
Associate/Academic Dean Signature:		Date:				
Registrar Initials:	Date Received:	Date Processed:				
Additional Comments:						

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