## **Academic Plan of Action**

The Academic Plan of Action form should be completed by the applicant and UMBC advisor. The form can be sent electronically to the Office of Undergraduate Admissions and Orientation at admissions@umbc.edu or mailed to the office at: UMBC Office of Undergraduate Admissions and Orientation, 1000 Hilltop Circle, Baltimore, MD 21250

Student name:		Today's Date:				
*Your campus iD will be included in your application acknowledgement e-mail, which you						
Tour campus is will be included in your application acknowledgement e mail, which you	ı			T Tonyour	Т	
A. Please rate the following:	ALWAYS	USUALLY	SOMETIMES	SELDOM	NEVER	
1. Did you buy assigned text books?						
2. Did you read the assigned materials <b>before</b> lecture?						
3. Did you read the assigned materials <b>after</b> lecture?						
4. Did you take notes in class?						
5. Did you review notes after taking them?						
6. Did you refer to the course syllabi?						
7. Did you attend classes?						
8. Did you participate in class discussion?						
9. Did you make contact with faculty member(s) during their office hours or before and after class?						
10. Did you meet with your academic advisor to discuss your academic progress?						
11. Did you use the Learning Resources Center?						
C. If reinstated, what is your plan of action to return to good academic standing? Sturway to raise their UMBC GPA. (Attach an additional sheet if necessary.)	dents are re	eminaea tha	at repeating faile	ed courses is	tne rast	
Student Signature:		Student	Major:			
D. Advisor's Comments (To be completed by advisor prior to submission of application of applicat			.::6:		V <b>O</b> N	
Do you endorse this student's return to UMBC? OYes ONo Do you end What conditions, if any, surround this student's return to UMBC?		•	vious major if rei			
Do you recommend any course of action/classes for this student to take?						
Do you recommend that this student enroll in EDUC 113 during their first semester bac						
Comments/Suggestions:						
Printed Advisor Name:						
Advisor Signature:				Date:		

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