



California Institute of Integral Studies

PLAN TO RETURN TO GOOD ACADEMIC STANDING

Use this form if you are on academic probation to need a plan approved to return to good academic standing. Fill out the applicable section(s) in consultation with your academic advisor, obtain the endorsement of your dept./program chair, and then submit it to the associate provost for academic services and resources, Michelle Eng, for approval at meng@ciis.edu.

If you have questions, contact Michelle.

Name and Address: *(please print legibly)*

_____ CIIS ID Number: _____
 _____ E-mail Address: _____
 _____ Phone: _____

Exceeded the limit on the number of unsatisfactory grades

By the: Fall Semester Spring Semester Summer Semester _____, I will have taken these courses: _____
year

_____ and earned grades of "B" ("C" for undergraduates) or "P" [Pass] or higher. I understand that "I" [Incomplete] grades are insufficient.

Exceeded the time limit to advance to candidacy and/or the number of times permitted to register for Thesis/Dissertation Proposal Completion

- | | |
|---|--|
| 1. _____ / _____ If necessary, Human Research and Review
<small>month year</small> Committee's approval obtained | 4. _____ / _____ Dept./Program chair's approval obtained
<small>month year</small> |
| 2. _____ / _____ Assessment by committee external member
<small>month year</small> | 5. _____ / _____ Provost's approval obtained
<small>month year</small> |
| 3. _____ / _____ Assessment by committee chair
<small>month year</small> | 6. Advance to Candidacy: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer _____
<small>year</small> |

Exceeded the time limit to graduate

The format below is for students doing a thesis or dissertation; others should attach their plans on a separate piece of paper.

- | | |
|--|--|
| 1. _____ / _____ Assessment by all committee members
<small>month year</small> | 4. _____ / _____ Dept./Program chair's approval obtained
<small>month year</small> |
| 2. _____ / _____ Oral defense; second committee member's
and external member's approvals obtained | 5. _____ / _____ Technical edits completed; dissertation published
<small>month year</small> |
| 3. _____ / _____ Committee chair's approval obtained
<small>month year</small> | 6. Semester of graduation: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer _____
<small>year</small> |

Student Signature: _____ Date: _____

Academic Advisor Name: _____

Academic Advisor Signature: _____ Date: _____

Dept./Program Chair Name: _____

Dept./Program Chair Signature: _____ Date: _____

Associate Provost Signature: _____ Date: _____

REGISTRAR'S OFFICE USE ONLY:

DATE FORM RECEIVED: _____ DATE STUDENT AND ADVISOR NOTIFIED: _____ BY: _____ REG: 11/4/20