**Academic Performance Improvement Plan (PIP)**

**Instructions:** Faculty and students can use this template to guide their conversations around academic success. Discussion topics should include areas of concern, improvement goals, expectations, and steps to move forward academically or earn a “Satisfactory” grade in research or make satisfactory academic progress. The faculty advisor and student should complete this plan or document another plan together.

**Note:** Students on Academic Probation are encouraged to meet with an LGS Student Affairs Team Member1 after receiving probation notification.

**Faculty Advisor Completes Steps 1 – 4:**

**Step 1. Areas of Concern**

*Bullet point issues and how student’s performance and/or behaviors have affected their academic or research outcomes, program milestones, and/or overall progress to completion.*

**Step 2. Observations, Previous Discussions, or Guidance**

*Recap dates/times when issues were addressed in the recent/relevant past. Reference previous documents when applicable.*

**Step 3. Improvement Goals**

*List goals related to areas of concern to be improved and addressed.*

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

**Step 4. Advisor Overall Expectations**

***List*** *performance standards that must be accomplished in order to demonstrate progress towards the achievement of each improvement goal.*

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

**Student Completes Steps 5 – 9 during a meeting with Faculty Advisor:**

**Step 5. Activity Goals**

*List activities that will help reach each goal.*

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| --- | --- | --- | --- |
| **Goal #** | **Activity** | **Start Date** | **Projected Completion Date** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

**Step 6. Resources/Management**

*List resources or strategies needed to aid in the completion of activity goals.*

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| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

**Step 7. Progress Checkpoints**

*Draw up schedule to be used throughout the term to evaluate your progress in meeting your activity goals.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goal #** | **Activity** | **Checkpoint Date** | **Type of Follow-up**  (call/meeting/email) | **Progress Expected** | **Notes** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Step 8. Updates**

*Draw up schedule to receive feedback on your progress in meeting your activity goals.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Scheduled** | **Activity** | **Conducted By** | **Completion Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Step 9. Timeline for Improvement, Consequences, and Expectations**

Effective immediately, you are placed on an Academic Performance Improvement Plan. You will be expected to make regular progress on the plan outlined above during this time. Failure to meet these expectations may result in an ‘Unsatisfactory’ grade or further disciplinary actions to be applied as outlined under the program policies and LGS handbook.

Together we can work to improve performance and aid in student success.

We agree to the above expectations and understand the consequences if expectations are not met.

Advisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***For additional guidance, contact:***

1 Student Affairs Team

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