College of Agricultural Sciences
Academic Warning Form

Make an appointment to see your adviser; fill out the top portion of this form and bring it to your appointment. Your adviser will not sign this form without discussing your academic difficulties during an appointment.

Complete and submit this form to 101 Agricultural Administration Building no later than the 8th week of the semester.

(name please print)

Name: _______________________________________________________________________________________

Last                                                                         First                                                                     M.I.

PSU Student ID #: 9-___________________ email: ______________________@psu.edu  Semester Standing: ______

Major: _________________________________________ Option: ______________________________________

Semester GPA: ________ Cumulative GPA: ________  Semester:  FA 20_____ SP 20_____ SU 20_____

Name of Assigned Academic Advisor: ________________________________________________________________

Student Comments (list key issues/concerns affecting academic performance to be discussed with your adviser):

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I acknowledge that I am in Academic Warning status and I understand that in order to lift the academic hold on my record, I must complete this form and make an appointment to meet with an academic adviser in the College of Agricultural Sciences. After my adviser completes and signs this form, I must return it to 101 Agricultural Administration Building to have the academic hold lifted; failure to return the completed form by the deadline will prevent me from course registration in future semesters at Penn State.

Student’s Signature ________________________________________________  Date____________________________

Name of Academic Adviser you spoke with: ______________________________________________________________

Academic Adviser’s Signature:__________________________________________  Date:__________________________

Academic Adviser’s Comments:________________________________________________________________________

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