



PROGRESS IMPROVEMENT PLAN

Student Details	
First name:	Family name:
Student ID:	Course / Year level:
Reason for the plan	

Actions required in order to complete the plan

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Conditions of the Plan

This plan will commence on (Date)							
This plan will be reviewed for completion on (Date)							
During this time, I am required to report to (Name)							
The schedule for reporting on the progress of the plan is as follows							
Date:	Time:	Date:	Time:	Date:	Time:	Date:	Time:
Other arrangements:							

Student Declaration

I understand that:

- I am required to fulfil the stated actions and conditions in order to maintain satisfactory academic progress
- non-compliance with these requirements may affect my future enrolment at AIST.

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Student's Signature

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Academic Manager's Signature

Date

Date