

**Student Academic Progress
Responsibility Agreement**
The Art Institutes International

Student Name _____ Quarter _____

Program _____ Student ID Number _____

Student Address _____ Student Telephone Number _____

Circle one:

1. I understand I am on probation and I must meet the following conditions in order to meet the standards of the Academic Progress Policy. Failure to do so may result in termination from the Institute.

Comments/Conditions:

My academic plans to improve this quarter include:

2. I understand I have been **terminated** from the Art Institute. As part of the Academic Progress policy, I have the right to appeal the termination based on mitigating circumstances, which are defined as circumstances beyond my control.

_____ I hereby appeal my termination and will provide the required documentation by _____ date.

_____ I will not continue enrollment at the Art Institute.

Check one:

- a. _____ The appeal has been denied.
b. _____ The appeal has been accepted. I understand upon reinstatement, I will re-enter on a probationary status for the reentering quarter. Failure to meet the following conditions will result in a final termination. My specific academic achievement plans include:

Student _____

Date _____

Academic Department Director _____

Date _____

Dean of Academic Affairs _____

Date _____