

## **Academic Standing Agreement**

Student Name:			
Student XID:			
below John's not re will b	s College of Liberal Arts and Sciences. I ueach or surpass 3.00 by the end of the	mic standing in the Graduate Division of St. nderstand that if my cumulative GPA does	
In an	effort to improve my academic performa	ance, I agree to (choose all that apply):	
	Register for no more than credits for the term  Register for the following courses in which I did not achieve the minimum required grade:		
	Attend regularly scheduled meetings with faculty advisors (please specify):		
	Other (please specify):		
Stude	ent Signature	Date	
Program Director Signature		Date	
Chair Signature		 Date	

Please return to the Graduate Division, St. John's College of Liberal Arts and Sciences, St. John Hall, Room 145 or sjcgr@stjohns.edu.