

Program of Study (POS)

Student Instructions: Fill out the information below. You will need to meet with an engineering academic adviser in the degree you are requesting for approval of the courses listed. **You and the academic adviser must both sign this form.** The contact information below will be used to let you know the decision.

Student's Name _____ University ID _____

Present Contact Information: Email: _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

Curriculum Degree: _____ # Designated Repeat Credits left: _____ # Drops left: _____
 # Credits left to graduate: _____ (only need to include if 40 credits or less are left)

- 1.) List **two** semesters of courses. If including **summer**, then list 3 semesters-Summer, Fall, & Spring. **No more than** 12-13 credits & 3 engineering type courses per semester (1-2 courses max for summer).
- 2.) Indicate term and number of credits for each course below (*put school name by course if taking it through another school during the term*). **Circle "R" if it is a class you have already taken at ISU.**

Term _____	Term _____	Term _____
R _____ Cr _____	R _____ Cr _____	R _____ Cr _____
R _____ Cr _____	R _____ Cr _____	R _____ Cr _____
R _____ Cr _____	R _____ Cr _____	R _____ Cr _____
R _____ Cr _____	R _____ Cr _____	R _____ Cr _____
R _____ Cr _____	R _____ Cr _____	R _____ Cr _____
Total credits _____	Total credits _____	Total credits _____

Approved by (engineering department academic adviser who met with student for POS):

Adviser's Signature _____ **Date** _____

Degree Audit Information:

(Adviser of Record) _____	Print Adviser Name _____	Adviser NetID _____
Reentry catalog and grad term _____	Option/Emphasis _____	Catalog YEAR _____
		Graduation Term _____

Student Agreement to Academic Restrictions

Please read the statements below, then sign and date it to acknowledge your agreement with the terms of this contract.

I understand that I will be academically dismissed if I fail to earn at least a 2.00 semester GPA for the first term of my reinstatement program. **If I am reinstated in the summer, I will be required to have at least a 2.00 GPA during Summer session AND a 2.00 GPA for the Fall semester to avoid dismissal.**

Approval from the Engineering Academic Standards Committee is required before making changes to the courses on my POS, or withdrawing, dropping, or receiving an incomplete in my classes during my first term back (**Summer AND Fall for summer reinstatements**). Changes will **not** be granted without an extenuating circumstance. Unauthorized changes will result in academic dismissal from the university.

During my first semester back (**or both Summer and Fall for summer reinstatement**), I will be required to meet with my academic adviser at least twice during the first half of the semester. I will not be allowed to switch majors or colleges during this time.

Student Signature: _____ Date: _____