



# University of Southern Queensland

## Academic Improvement Plan

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Name:

Date:

My Advisor:

Student  
Number:

### My progress

Degree:		
Degree Progress:	Study Load this semester	
	Courses completed at time of assessment	
	Courses left to complete at time of assessment	
	Enrolment pattern	
	Academic Standing stage	
	GPA	

### My commitments

Appointment summary		
My next steps		
Review plan		
Confirmation of agreement	Student signature	Advisor signature