

**Fill out this form each time your UVU Semester and/or Cumulative GPA falls below 2.00**

**NAME:** \_\_\_\_\_ **UVID:** \_\_\_\_\_  
*First Name Middle Name Last Name*

I understand that if both **my UVU Semester and Cumulative GPA** fall below 2.00 ('C' grade average) **for two consecutive semesters** while using a VA education benefit, my benefits will cease until I bring both the Semester and Cumulative GPAs above 2.00 without VA benefits (out of pocket).

I understand that transfer credit does not calculate into GPA at UVU.

I understand that if I am **academically suspended** from UVU, I will not be able to use my VA education benefit for **one semester**.

I understand that if I am **academically dismissed** from UVU, I will not be able to use my VA education benefit for **one year**.

I understand UVU has many academic resources available to me to help me succeed in my educational goals. Some resources are listed at:

<https://www.uvu.edu/academicstandards/resources/index.html>

I will maintain a minimum 2.00 ('C' grade average) UVU Semester and Cumulative GPA during the next semester I am enrolled (nearest non-graded semester), which is:

**Fall Spring Summer Year:** \_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CERTIFYING OFFICIAL SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_