ACADEMIC SUCCESS AGREEMENT

Student Name_________________________ ID#_________________________ Date_______________

Current cumulative GPA___________ Previous semester GPA______________

This semester I am enrolled in ____ hours. I need a term GPA of ______ to obtain a cumulative GPA of 2.0 and avoid academic suspension. This term GPA does not account for courses I am taking under the First Year Repeat Policy.

I am repeating the following courses under the First Year Repeat Policy: ____________________________________________________________

**Goal 1:** I understand that I need a ______ to get off academic probation. Steps I will take to achieve this goal include (i.e tutoring, academic counseling, workshops, etc.):

1. __________________________________________________________________________
2. __________________________________________________________________________
3. __________________________________________________________________________

**Goal 2:** ________________________________________________________________ Completed by:__________________________

Steps I will take to achieve this goal:

1. __________________________________________________________________________
2. __________________________________________________________________________
3. __________________________________________________________________________

**Goal 3:** ________________________________________________________________ Completed by:__________________________

Steps I will take to achieve this goal:

1. __________________________________________________________________________
2. __________________________________________________________________________
3. __________________________________________________________________________

In addition to the above, I agree to the following:

_____ I will meet with my academic advisor to discuss my course selection for the semester

_____ I will meet with each of my professors at least once this semester

_____ I will notify my academic advisor and academic counselor about any changes I am making to my schedule

_____ I will read my email thoroughly AND follow up on any requests, including requests for information about my progress

I understand that this agreement was constructed to aid my chances of academic success. I agree to abide by this agreement, and understand that I should contact my academic counselor if I need to make changes. I also understand that adhering to the above action plan could help with my academic suspension appeal, if needed.

___________________________________________
Student Signature ___________________________ Date

___________________________________________
Academic Counselor Signature ___________________________ Date