

**ARC Academic Agreement**

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Major: \_\_\_\_\_

Academic Level: \_\_\_\_\_

Primary Advisor: \_\_\_\_\_

Current Semester: \_\_\_\_\_

**I understand that to meet the terms of this agreement, I MUST (initial each item)**

\_\_\_\_\_ Meet with my Academic Advisor to discuss strategies to raise my GPA and course selection.

\_\_\_\_\_ See my Academic Advisor immediately if anything (personal or academic) happens that may interfere with my studies or progress.

\_\_\_\_\_ Attend the Lower Division Academic Recovery Program Information Session.

\_\_\_\_\_ To abide by the conditions outlined in the **ARC Academic Plan** of this contract.

\_\_\_\_\_ Additional Requirements (at Academic Resource Center's discretion), stated below is warranted:

**ARC Academic Plan**

<b>Intervention(s):</b>	<b>Instructions</b>	<b>Who</b>
<b>Meet with Academic Advisor to discuss course selection and to raise GPA strategies.</b>		<b>Meet with your primary advisor</b>
<b>Attend Lower Division Academic Recovery Information Session</b>	<b>Must attend one session listed on Lower Division Academic Recovery Letter. Sessions held January 24<sup>th</sup> - 27<sup>th</sup>.</b>	<b>ARC will verify attendance</b>
<b>Complete Lower Division Academic Recovery Program requirements.</b>	<b>Complete checklist including Student Success Workshops.</b>	<b>Return checklist to ARC with advisor signature.</b>

**I understand the following recommendations (initial each item)**

\_\_\_\_\_ It is in my best interest to visit with my professors at the beginning of the semester to discuss my academic situation and possible study strategies.

\_\_\_\_\_ I understand that failing to meet the minimum scholastic requirements agreed to in this academic agreement could result in my immediate academic dismissal effective after this semester.

Student Signature \_\_\_\_\_

Date: \_\_\_\_\_

Academic Resource Center Signature \_\_\_\_\_

Date: \_\_\_\_\_