

# Freshman Probation Assistance Program

## Agreement to Participate

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

Address: \_\_\_\_\_

SSN: \_\_\_\_\_ Email Address: \_\_\_\_\_

Good academic standing requires a student to meet certain standards. **For students with 1-29 attempted hours, a cumulative grade point average of 1.50 must be met.** If these standards are not met, the student will be placed on academic probation and will have a semester to show significant improvement or be suspended from school. Significant improvement is defined as earning a 1.75 or higher in the probationary semester.

In \_\_\_\_\_ (semester/year) you attempted \_\_\_\_\_ hours; have a semester GPA of \_\_\_\_\_ and a cumulative GPA of \_\_\_\_\_.

### PARTICIPATION AGREEMENT

As a student participating in the freshmen probation assistance program at SAU, you are giving yourself another chance to succeed in college and in life. This agreement will be evidence that you are willing to make that commitment to yourself.

I, \_\_\_\_\_, agree to participate in the freshmen probation program. I understand that I must meet with my advisor in the Academic Advising and Assistance Center at least three times during the probationary semester. I also agree to follow my individualized student action plan that will be completed during the first meeting with my advisor.

**Did you utilize any of the following services last semester?** (Check all that apply)

- Supplemental Instruction
- Writing Center
- Tutoring Center
- Employment Resource Center/Student Employment Office
- Student Support Services
- Disability Support Services
- Counseling
- Health Services
- Advising Center (or your advisor)

**What are your immediate goals?** \_\_\_\_\_

\_\_\_\_\_

By signing this agreement, you are consenting to participate in the freshmen probation program at Southern Arkansas University.

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