



**FIRST YEAR STUDENT
Academic Recovery Program Contract**

Student Name: _____	Tel: _____	Provider: _____
Faculty Advisor: _____	Prog: _____	Advocate: _____
Current GPA: _____	Required GPA: _____	Goal GPA: _____

Your continued enrollment at Paul Smith's College is contingent upon your compliance with the conditions of the Academic Standards Committee, your ARP Advocate, and the official letter you have signed with the Registrar. Therefore, as a participant in the Academic Recovery Program, you must comply with the following:

- Take no more than _____ credits.
- Attend all of your classes. *Your attendance will be monitored.*
- Meet with your academic advisor within the first two weeks of the semester.
- Repeat the following courses: _____
- Acquire & utilize the following academic support services (tutoring, SI, study groups, etc.) required by the Academic Standards Committee and your advocate: _____

1. **Attend and actively participate in six First Year Rebound workshops** beginning _____ at 10:10 (Common Time). *Attendance will be recorded and any absences will place you in non-compliance with this contract.*
2. **Arrange to meet with your ARP Advocate no later than Friday, 29th** and set up a weekly meeting time for the semester. You must bring the following to that first meeting:
 - a. A copy of this contract
 - b. A plan that identifies the obstacles you faced last semester and the goals you've set for this semester.
3. **Be honest with your advocate.** Your advocate cannot help you unless you report honestly about your courses. If you miss a class, perform poorly on a test, or do not hand in an assignment your advocate can help you develop a plan to address these concerns and move forward.

➤ **I understand that in an attempt to best help me, my advocate may communicate with my instructors, advisor, and other support offices about my progress.**

➤ **I also understand that some of the conditions of this contract may change during the semester based on recommendations from my success network.**

➤ **I will utilize STARFISH to connect with my support network (faculty, advocate & support staff), and I will check my PSC email at least once a day, replying to contacts as soon as possible.**

I agree to participate fully in the Academic Recovery Program. I also acknowledge that achieving academic success is my responsibility and that participating in ARP is part of that responsibility. I fully understand that my current academic situation is serious and that noncompliance with any of the above conditions may result in an immediate suspension from the college.

_____ <i>Student Signature</i>	_____ <i>Date</i>
_____ <i>Academic Success Center Representative</i>	_____ <i>Date</i>
_____ <i>ARP Advocate</i>	_____ <i>Date</i>