



## 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.
- 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: \_\_\_\_\_
- Attend all of your classes. *Your attendance will be monitored.*
- Meet with your academic advisor within the first two weeks of the semester, ***by Friday, September 14<sup>th</sup>.***
- Other Requirements: \_\_\_\_\_

1. **Arrange to meet with your ARP Advocate no later than Friday, September 7<sup>th</sup>** and set up a weekly meeting time for the semester. ***Weekly Meeting Time:*** \_\_\_\_\_
2. **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. **Complete required academic skill building curriculum.** Throughout the semester, your advocate will provide you with resources and required short assignments focused on academic skill building.
4. **Be honest with your advocate.** Your advocate cannot help you unless you report honestly about your courses.

- ***I will check and respond to my PSC email at least once a day.***
- ***I will utilize STARFISH to connect with my support network (faculty, advocate & support staff.)***
- ***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 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.

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

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*ARP Advocate*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Center for Academic and Career Success Representative*

\_\_\_\_\_  
*Date*