



Academic Success Agreement for Students on Probation

IMPORTANT: CAUS Students on Probation must review the completed form with their academic advisor in their major and then deliver to the CAUS Dean’s Office. The Director of Academic Advising in the CAUS Dean’s Office may wish to meet with you too. Your academic advisor will help you develop a comprehensive plan to facilitate your success. Any academic probation holds placed on your record will be removed once the agreement has been reviewed by the CAUS Dean’s Office.

Section 1. Student Information

Student ID #	Today's Date
Name	Primary Major
Email @vt.edu	Cell number
Current Term: Spring <input type="checkbox"/> Fall <input type="checkbox"/> Summer 1 <input type="checkbox"/> Summer 2 <input type="checkbox"/> Year:	
Advisor's Name:	
Probation Status: (check one) First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/>	

Section 2. Student Expectations

I must fulfill each of the expectations indicated below in order to increase my chances for academic success. Check all that apply.

- I have read and understand Virginia Tech’s Academic Eligibility policy found in the Undergraduate Course Catalog and Academic Policies
- I understand that I must meet one of these three conditions:
 - Earn a semester grade point average of _____ while enrolled in _____ credit hours in order to achieve a cumulative GPA of 2.0 or above; or
 - Earn a semester grade point average of 2.5 or higher for the current term.
 - For students returning from academic suspension ONLY:** Earn a minimum semester GPA of 2.00 and raise the cumulative GPA to 2.00 or greater.

Note: Pass/Fail course grades and hours should not be factored into the GPA calculation unless a failing grade is earned.

- I agree to attend every class and complete and submit all assignments on time. In case of extenuating circumstances,
- I agree to follow up with my advisor if I am unable to attend class or complete assignments on time.
- I agree to meet with my academic advisor at least _____ times during this semester. I also understand it is my own responsibility to schedule these appointments.
- I understand that my advisor may require me to complete tasks in between appointments throughout the semester.
- I agree to check my VT email account on a weekly basis for correspondence and updates from my advisor.

Section 3. Action Plan for Academic Success

To be a successful college student, it is important to develop specific achievable goals as well as a plan of action detailing how you will achieve these goals.

List at least 2 academic goals for the upcoming semester:

1.

2.

For each goal you listed, briefly describe your plan to reach that goal:

1.

2.

It is not expected that you will travel the path to academic success all alone. There are numerous resources on Virginia Tech's campus that will help you work toward achieving your goals. Click on the box of the campus resources you intend to use during the upcoming semester. If you are unfamiliar with any of these resources, please access that department's website.

Your Academic Advisor
with Disabilities

Student Success Center

Services for Students

Cook Counseling Center

Career Services

Other: _____

IMPORTANT INFORMATION TO KNOW AND UNDERSTAND:

1. Your current academic status is: 1st Probation 2nd Probation 3rd Probation

2. If you do not meet the requirements as stated on the first page of this document, you will be placed on:

1st Suspension 2nd Suspension Final Suspension

3. The last day to drop a course this semester is _____. You must have all of your holds (i.e., parking, immunization, academic, etc.) removed before this time. To drop an individual course, access **HokieSpa**. It is very important that you consult with your academic advisor PRIOR to dropping a course. A course dropped before this deadline is removed from your transcript. Note: This process is different from Course Withdrawal (*refer to item 5. below*).

4. The last day to resign from the University (withdraw from all of your classes this semester) is _____.

A resignation form must be completed and submitted to the Dean's office in your college. This may be recommended if you are struggling in most if not all of your classes.

5. The last day to request a Course Withdrawal is _____.

6. Academic support and tutorial services are available free of charge through the **Student Success Center**, 110 Femoyer Hall, Tel: 540-231-5499. Plan to use the services of the Student Success Center at the very beginning and all throughout the semester. The Center exists to help you work toward achieving academic success.

7. For personal concerns, counseling services are available through **Cook Counseling Center**, 240 McComas Hall, Tel: 540-231-6557. For medical illness, health services are available for all students through **Schiffert Health Center**, McComas Hall, Tel: 540-231-5313.

8. If you miss classes due to extenuating circumstances, there are offices on campus that will help you contact your instructors to inform them of missed classes. It is your responsibility to contact instructors regarding missed or make-up work. If you miss classes due to illness, please contact the **Schiffert Health Center**. If you miss classes due to a family emergency, contact the **Dean of Students**, 109 Eggleston Hall, Tel: 540-231-3787.

9. Under the Pass/Fail grading system, P (Pass) is granted for earning the equivalent of a D grade or better. Otherwise, F (Fail) is given. A grade of D- is a failing grade under the Pass/Fail option. Credit is only awarded if a P grade is earned. If a course is failed, F is recorded on your transcript and is included in the calculation of the semester and cumulative GPA.

Signature of Agreement

My signature below acknowledges my understanding of and agreement with this document. My failure to adhere to the detailed expectations will be documented and can be used in the academic appeal process. I will consult with my academic advisor on any academic decisions that I make. I understand and accept all parts of the *Academic Success Agreement* as outlined.

I hereby accept full responsibility for my academic success.

Student Signature

Date

Academic Advisor Signature

Date

CAUS Director of Academic Advising Signature

Date

SUBMIT COMPLETED FORM TO CAUS DEAN'S OFFICE, 202 COWGILL HALL

Office Use Only:

Date Received: _____ Date Processed: _____ Processed by: _____