



ACADEMIC SUCCESS PLAN

Date: _____

Name: _____ ID#: _____

Phone #: (cell) _____ (home) _____

E-mail: _____

Term: _____ Hours Attempted: _____ Current GPA: _____

CONTRACT:

As a student on academic probation/suspension, I recognize that changes in my habits and academic performance are necessary for my continued attendance at Albany Technical College. As part of my effort to improve my academic performance, I agree to actively follow this academic contract during the next term with the conditions listed below:

- Meet 3 times this term with my STARS Counselor
- Will not withdraw from any of the courses I am currently registered for.
- Complete at least 67% of the credit hours attempted during the current term.
- Maintain at least overall 2.0 GPA each term
- Complete my academic plan with a STARS Counselor
- Other _____

Student Signature

Date

STARS Counselor Signature

Date

* By signing this, students understand that deviation from plan could result in changes to their Financial Aid.