



**Running Start Program**  
**ALERT Student Success Plan**

Completed for: \_\_\_\_\_

- Fall
- Winter
- Spring

Name: \_\_\_\_\_ SID: \_\_\_\_\_ Phone: \_\_\_\_\_

Grade Level:  11<sup>th</sup>  12<sup>th</sup>  2<sup>nd</sup> Year Senior High School: \_\_\_\_\_

High School Counselor: \_\_\_\_\_ Phone: \_\_\_\_\_

**At your orientation, you agreed to adhere to the following Academic Standards policy:**

1. You must achieve satisfactory academic progress by earning at least a 2.0 quarterly G.P.A. in credits paid for through Running Start.
2. You must earn credit in courses for which you are enrolled: any grade below a 1.0 or credit not completed is posted to the transcript as a “W”, “I”, or “NC”.

**As a result of my recent academic performance, I agree to the following stipulations while working toward meeting academic standard this quarter. I will (initial each line):**

- Meet with my instructors as necessary to: trouble shoot difficulties I may be having in class, clarify class expectations, and/or ensure I am making satisfactory academic progress. \_\_\_\_\_ (initial here)
- Attend my classes regularly, whether attendance is required or not. \_\_\_\_\_ (initial here)
- Seek assistance from the resources GRC has to offer (check all that apply):
  - Study Skills Course, ST SK 110 (5 cr.)
  - Tutoring, Help Center 2<sup>nd</sup> floor Library
  - Math Skills, Math Learning Center CH 313
  - Writing Center, RLC 173
  - Counseling Services (stress, personal, academic motivation), 2<sup>nd</sup> floor SA
  - Academic Advising, Educational Planning 1<sup>st</sup> floor rm 126 - SA
  - Learning/Physical Disability, Disability Support Services 2<sup>nd</sup> floor SA
- Complete all registration activity (add/drop, pass/no credit, etc.) by the date listed on page 1 of the quarterly class schedule.
- **Connect with a Running Start advisor to review my academic progress prior to your registration access time.** \_\_\_\_\_ (initial here)

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

*By signing above, I am verifying that I contacted a Running Start advisor to discuss this academic plan and agree to the conditions set herein. If I do not meet the conditions stated above, I am subject to possible dismissal from the Running Start Program. I understand this dismissal could impede my high school graduation.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RS Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AS Student Success Plan 01/2016