Running Start Program
PROBATION Student Success Plan

Office Use Only
Completed for:
☐ Fall
☐ Winter
☐ Spring

Name: _____ SID: _____ Phone: _____

Grade Level: ☐ 11th ☐ 12th ☐ 2nd 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 2nd floor Library
  - ☐ Math Skills, Math Learning Center CH 313
  - ☐ Writing Center, RLC 173
  - ☐ Counseling Services (stress, personal, academic motivation), 2nd floor SA
  - ☐ Academic Advising, Educational Planning 1st floor rm 126 SA
  - ☐ Learning/Physical Disability, Disability Support Services 2nd floor SA
- Complete all registration activity (add/drop, pass/no credit, etc.) by the date listed on page 1 of the quarterly class schedule.
- **Meet with a Running Start advisor to review my academic progress prior to <u>your registration access time</u>.** _____ (initial here)

Student Signature: _____ Date: _____

By signing above, I am verifying that I met with 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 dismissal from the Running Start Program. I understand this dismissal could impede my high school graduation.

Parent/Guardian Signature: _____ Date: _____

High School Counselor Signature: _____ Date: _____

RS Advisor Signature: _____ Date: _____