



ACADEMIC ALERT CONTRACT

This contract is to be completed by both the student and General Advisor during the mandatory advisor meeting. Shoreline Community College is committed to helping you successfully complete your academic goals and has a number of staff and services designed to support you. We look forward to helping you move forward successfully.

STUDENT INFORMATION

Name: _____

SID: _____

Email: _____

Phone: _____

Address: _____

City, State, Zip: _____

REASON FOR ACADEMIC ALERT

- Academic Warning
- Academic Probation
- Academic Suspension

- Fall
- Winter
- Spring
- Summer

Year: _____

STUDENT STATEMENT

Directions: Using the space on the back of this form, respond to the following statements. Please print or write clearly.

1. Explain the circumstances and specific reason(s) of what contributed to your academic difficulties.*
2. Explain how you are working to resolve these circumstances and how that is going.
3. Explain what strategies, tools, and resources have worked well for you academically in the past.

**To strengthen and support this statement, please attach and/or provide any supporting documentation (e.g. letter from a doctor or counselor, medical bill or records, police or insurance report, obituary notice).*

AGREEMENTS

General Advisor will...

- Advise on appropriate courses for intended program and for academic success.
- Complete and/or review Educational Plan.
- Make schedule changes as necessary.
- Inform student of drop-in advising hours, important dates, or other academic information.
- Refer student to academic resources.
- Review the progress of this contract.

Student will...

- Make an appointment with an advisor to:
 - Discuss academic progress to date.
 - Review course selection for next quarter.
 - Complete and/or review Educational Plan.
- Meet with an instructor and advisor, in a timely manner, if struggling in a course.
- Check in with an advisor after grades are posted.
- Seek out additional resources and services (*see list below, check all that apply*).

RESOURCES & SERVICES

- Success Coach
- Tutoring
 - One-on-one tutoring
 - Math Learning Center
 - Writing & Learning Studio
 - Biology & Chemistry Learning Center
 - Physics Learning Center
- eLearning
- Counseling and/or Career Counseling
- Office of Special Services
 - Services for Students with Disabilities
 - Veterans Services
- Women's Center
- Multicultural Center
- Foundation (*scholarship applications*)
- Financial Aid

STUDENT STATEMENT *(continued)*:

Directions: Using the space below, respond to the following statements. Please print or write clearly.

**To strengthen and support this statement, please attach and/or provide any supporting documentation (e.g. letter from a doctor or counselor, medical bill or records, police or insurance report, obituary notice).*

Explain the circumstances and specific reason(s) of what contributed to your academic difficulties.*

Explain how you are working to resolve these circumstances and how that is going.

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Explain what strategies, tools, and resources have worked well for you academically in the past.

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The information I have provided on this form and within the statement is true and accurate. I understand that if I am granted registration this quarter a hold will continue to remain on my record until I meet the agreements outlined in this contract and receive a GPA of 1.75 or higher. I confirm that I personally completed this form.

Student Signature: _____ Date: _____

I approve the student indicated above to register for _____ credits for this quarter and request an override of their hold.

General Advisor: _____ Date: _____