



ACE Priority Program

Name:	GPA:	Term:
ID:	Academic Standing:	Major/Minor:
Best contact telephone:	Email: (Dusty)	Classification: (status, programs)

GOALS

<p>(1) I will choose to attend tutoring sessions regularly;</p> <p>(2) I will choose to submit my tutoring assignments on time.</p>

AGREEMENT

- I agree to **meet** with my tutor(s) for the [Fall/Spring/Summer] semester from _____ to _____ (month/day/year).
- I agree to be **ON TIME** for each tutoring sessions and complete all my tutoring assignments.
- I agree to check my dusty email **DAILY**.

<p>Comments:</p>

<p>Academic Support - Student knows the following:</p> <p>Book tutoring appts: _____</p> <p>Cancel and re-schedule appts: _____</p> <p>Received folder: _____</p> <p>Documentation (Action Plan): _____</p> <p>To call 326-4223 for questions: _____</p>

Student Signature

Academic Support Staff

Date

Date

For Official Use (Please PRINT):

Form initiated by:	Department:	Date:
Case followed up by:	Department:	Date: