Student Academic Standing (SAS) Contract

	(Cu	urrent Semester)	
Name:		TSC	ID#:
Phone:		Academic Standing:	
Semester (last attended):		Cumulative GPA:	
	* Please Read and initial that you o		-
arent signatur	re:	Date:	
Course:	Instructor:	Date:	Signature:
Course:	Instructor:	Date:	Signature:
Course:	Instructor:	Date:	Signature:
Course:	Instructor:	Date:	Signature:
Course:	Instructor:	Date:	Signature:
I will mee	et once with each of my instructors (prior to my 2 nd counselor	visit).
I will mee	t twice with my counselor. Second 1	neeting must be prior to v	vithdrawal deadline.
I will atter	nd 2 tutoring sessions. Date:	Initial:	Date: Initial:
I will attend a student workshop		Presenter Signature:	
Comments:			
Meetings with	Counselors:		
1st Visit:	Student Signature		_
2 nd Visit:	3	Counselor Signature	Date
	Student Signature	Counselor Signature	Date

(To avoid Academic Dismissal you must meet the minimum 2.0 GPA requirement for the semester.)