

Academic Center for Excellence
 131 College Circle
 Swainsboro, GA 30401

Academic Success Contract

Name: _____ Date: _____

EGSC ID: _____ Program of Study: _____

*****As part of my success contract, I will take responsibility for my academic success and engage in the following actions:**

By checking the boxes below, you are agreeing to the statements.	
	Attend at least 80 percent of scheduled class sessions.
	Contribute at least one comment to every discussion online or on campus.
	Complete all assigned readings for my classes.
	Spend a minimum of 1-hour per day reviewing notes and working on assignments for each class.
	Attend instructor office hours at least once per week.
	Utilize support services offered through the Counseling Center, Residence Life and other Student Support systems available.
	Attend tutoring sessions offered through the Academic Center for Excellence for three hours a week.
	Visit Student Life to explore ways to become involved in student clubs and organizations.
	Schedule meeting with the Director of Retention / Student Success Coach bi-weekly to discuss progress and issues.

I understand that this contract requires me to complete the steps which I initialed above. I agree to the conditions of this contract for the _____ semester(s). I understand that I must abide by the terms of this contract and will make a commitment to EGSC and myself regarding this contract.

 Student Signature

 Date

 Retention Officer Signature

 Date