



STUDENT SUCCESS PLAN
Conditional Admission Contract

Name	Cell #
Email Address (one you check on a regular basis)	
Student ID #	

I understand that I am being admitted to the University of Arkansas at Pine Bluff in a probationary status. Furthermore, I understand that I am required to:

Curricular Requirements:

1. Attend Freshmen/Transfer Orientation
2. Meet with EACH of my instructors, during their office hours, a minimum two (2) times during the regular semester and one (1) time during each summer session enrolled
3. Meet with my academic advisor a minimum of two (2) times during the regular semester and one (1) time during each summer session enrolled
4. Attend all classes, unless excused with proper documentation (see individual syllabi for what is considered 'proper documentation')
5. Attend all scheduled tutoring sessions in English, mathematics, and/or reading
6. Complete all remedial/developmental courses during first 30 semester hours
7. Maintain minimum 2.00 GPA at the end of each semester

Co-Curricular Requirements:

8. Complete the Self-assessment Survey administered by the Student Success Center
9. Attend a minimum of three (3) student success, writing center, or other campus workshops
10. Meet with your staff mentor (Student Success Center) two (2) times during the semester
11. Meet with your financial aid advisor two (2) times during the semester
12. Take advantage of one or more other support services and/or activities offered on campus (i.e. Career Services, Student Counseling, Assessment, and Development, TRIO, student organizations, etc.)

I understand that failure to meet any of the above requirements will result in a hold placed on my account and I will be unable to register for classes. I realize the hold will remain in effect until I visit the Student Success Center.

Applicant's Signature

Date

Return to: University of Arkansas at Pine Bluff
 Student Success Center
 1200 North University Drive
 Mail Slot 4915
 Pine Bluff, Arkansas 71601
 Fax: 870.575.4620
 Email: conleyr@uapb.edu OR jacksonch@uapb.edu

NOTE: This contract must be signed by you and returned to this office BEFORE you can enroll in classes.

FOR OFFICE USE ONLY

Approved Not
 Approved

Signature

Date