

2024 Academic Success Program Participation Agreement

Carefully read the following agreement. Write your initials in the space at the left of each item to indicate that you understand and will comply with each of the following policies. By signing, understand you WILL be held to the terms of this agreement.

- _____ I understand that I must complete my high school classes with satisfactory grades and pass all courses listed as UNC Minimum Course Requirements (MCR). **If I fail any of these classes, I will not be able to attend Western Carolina University.**
- _____ I understand that my participation in the Academic Success Program (ASP) requires a commitment for my first academic year at WCU (Summer 2024-Spring 2025). **I understand that failure to comply with this participation agreement will result in my admission to WCU being rescinded, enrollment in LC 101, or other disciplinary actions.**
- _____ I am required to complete WCU and ASP Orientation requirements.
- _____ I will be required to complete two classes: USI 130 University Experience in the Summer semester, and USI 131 Thriving in College in the Fall semester. **I understand that attendance is mandatory and that I must earn a grade of C or better in these two classes.**
- _____ I understand that class attendance is mandatory and 2 or more unexcused absences in any class this summer can result in my dismissal from ASP and thus disqualify me from enrollment in the Fall or Spring. I also understand that unexcused absences for mandatory programming and events can affect my USI final grade negatively.
- _____ I agree to comply with the WCU Code of Student Conduct, which is published on the university web page at wcucode.wcu.edu. **I understand that any violation of the WCU Code of Student Conduct will result in going through the student conduct process as outlined in the code and the outcome may include anywhere from disciplinary warning up to expulsion based on the severity of the violation present.**
- _____ I understand that I will continue in the Academic Success Program for the duration of the 2024 - 2025 academic year. This includes maintaining contact with my assigned Peer Academic Leader (PAL), MAPS staff, and my academic advisor, and completing any other assigned requirements. **I understand that non-compliance with academic expectations (advising, tutoring, coaching or PAL meetings) during ASP can result in a learning contract (LC 101) the following semester, rescinding my admission, or other disciplinary action.**
- _____ I understand that **my enrollment at WCU is conditional** on compliance with all Academic Success Program policies during the Summer and Fall term, as well as WCU's academic standing policies.
- _____ I understand that if my **Summer 2024 semester GPA is less than a 2.3 or I have a U or below a C in any class, my continued enrollment at the university could be rescinded.** If allowed to return for the Fall, I will automatically be enrolled and required to complete a learning contract (LC 101) in the Fall semester.
- _____ By signing this agreement, I understand I am a **willing participant in the Academic Success Program** and understand that the **goal of the Academic Success Program is to provide the support and encouragement** necessary for me to be a successful Western Carolina University student so being open to help and support is vital to success.

Photograph and Video Consent

Students participating in ASP activities and events are subject to have their image captured through photographs, video, and audio formats. By signing below, I hereby authorize Western Carolina University, through its Academic Success Program and those acting pursuant to its authority, to: (a) Record my likeness and voice on videotape; (b) Display my likeness in photographs; (c) Use my name in connection with these recordings or photographs; (d) Use, reproduce, exhibit or distribute in any medium (e.g. print publications, video tapes, CD-ROM, DVD, internet/WWW) these recordings for any purpose that the University, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts. I release the University and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings and photographs, in whatever medium, shall remain the property of the University. I have read and fully understand the terms of this release.

Check here if you do not consent for your image to be used in ASP recordings and photographs for potential public use in university sponsored media formats.

Student's Full Name (print): _____ WCU ID #: 92 Name you prefer: _____

Mailing Address: _____

Home Phone: _____ Student Cell Phone: _____

Student's Email: _____

Student's Signature: _____ Date: _____

Parent's (or Legal Guardian) Name (print): _____

Parent's Phone (please identify cell, work, etc.): _____ Parent's Email: _____