

**SUNY DELHI**  
**Academic Probation Contract**

Current GPA \_\_\_\_\_

The following contract is entered into between \_\_\_\_\_  
(Student Name and ID Number)  
and SUNY Delhi for the \_\_\_\_\_ Semester. Academic Advisor \_\_\_\_\_

**I understand that:**

- A student on academic probation needs to maintain a 90% or higher attendance for the semester in all courses.
- A student who is on academic probation should not exceed the number of courses recommended by their academic advisor until their cumulative GPA is a 3.0 or higher.
- A student on academic probation who is classified as a dependent, within FERPA Guidelines, gives permission to SUNY Delhi to release midterm grade reports and any other pertinent academic information to parents or guardians.
- A student on academic probation may need to enroll in additional sessions to complete a specific program of study.
- A student who has been academically dismissed and then readmitted must obtain a semester GPA of 3.0 or higher.

**I hereby agree to:**

Meet with \_\_\_\_\_ prior to the beginning of classes to determine which of the following activities will be required to fulfill the terms of my academic probation contract:

- Meet with \_\_\_\_\_, \_\_\_\_\_ times during the semester.
- Enroll in the following recommended courses: \_\_\_\_\_  
\_\_\_\_\_
- Attend college sponsored workshops recommended by advisement.
- Utilize the academic support services provided in the Resnick Academic Achievement Center beginning with the first three weeks of class. Specify services: \_\_\_\_\_
- Follow required stipulations made by the Scholastic Standing Committee regarding my re-admittance: \_\_\_\_\_
- Additional recommendations (how do you plan to meet): \_\_\_\_\_  
\_\_\_\_\_

The conditions noted on this contract are solely my responsibility. I agree to the terms outlined and stipulated in this contract. **A student on academic probation who fails to meet the requirements of this agreement may be academically dismissed.**

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**Signature of Student**

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**Date**

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**Signature of Approved College Representative**

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**Date**

Distribution: Student; School Office; Academic Advisor