

PACE RATE (150%) ACADEMIC PLAN AGREEMENT

Name: _____ k number: _____ Phone: _____

Program: _____

Student must initial after each statement, indicating that the student understands each part of the academic plan.

I understand that per federal regulations, students are required to complete their program of study by completing no more than 150% of the credits required for their program, and that I exceed that percentage, which is why I have to complete this Pace Academic Plan Agreement. _____

My academic advisor and I have reviewed my degree audit and I am aware of the remaining classes I need for graduation. I know where to find the audit. **I understand that I may only take classes that are part of my degree audit.** _____

I understand that the College offers Career Services including workshops related to exploring careers, career decision making, resume writing and interview skills. _____

My academic advisor and I have discussed school/work/family balance. _____

I understand that I am not required to be a full time student to receive financial aid. _____

I understand that if my appeal is approved I must complete 75% of the credits I attempt every term with a minimum GPA of 2.0 to maintain financial aid eligibility. _____

Academic Advisor Comments:

Student Signature/Date

Academic Advisor Name (Please Print)

Academic Advisor Signature/Date