



San Diego Community College District  
**Student Academic Contract**

☐ City   ☐ Mesa   ☐ Miramar   ☐ ECC   ☐ Spring   ☐ Summer   ☐ Fall   Year: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
(PRINT)                      Last                      First                      MI

☐ 1<sup>st</sup> Disqualification      ☐ 2<sup>nd</sup> Disqualification      ☐ 3 or more

Educational Objective: \_\_\_\_\_

Plan to complete the intended degree or certificate in: \_\_\_\_\_ terms / years (circle one)  
(Number of)

Select **all** that apply:

☐ Class Limitations/Requirements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

☐ Unit Limitation: \_\_\_\_\_

☐ Support Services:

    o Recommended: \_\_\_\_\_

\_\_\_\_\_

    o Required: \_\_\_\_\_

\_\_\_\_\_

☐ Expected Outcomes by the end of: \_\_\_\_\_ (i.e. units completed, GPA, etc.)  
(term/year)

☐ Refer to Continuing Education Counseling: \_\_\_\_\_

☐ Other Restrictions/Requirements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I understand that my readmission to the college is based upon a commitment to my academic success as specified above.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Counselor Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_