

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

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

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

☐ 1<sup>st</sup> Disqualification \_\_\_\_\_ ☐ 2<sup>nd</sup> Disqualification \_\_\_\_\_ ☐ 3<sup>rd</sup> or more Disqualification \_\_\_\_\_  
*Type Type Type*

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

Plan to complete educational objective: \_\_\_\_\_ terms/years (circle one)  
*(Number of)*

***Student agrees to complete the following requirements:***

- ☐ Meet with a Counselor a minimum of \_\_\_\_\_ time(s) each semester.
- ☐ Limit your units to no more than \_\_\_\_\_ units for the \_\_\_\_\_ semester/year
- ☐ Take the following course(s): \_\_\_\_\_ or:
  - ☐ PERG 120 - College Success and Lifelong Learning
  - ☐ PERG 130 - Career-Life Planning
  - ☐ PERG 140 - Life Skills and Personal Adjustment
- ☐ Repeat the following courses: \_\_\_\_\_  
*\*NOTE: Students may only attempt a course a maximum of three (3) times!*
- ☐ Meet with a counselor prior to withdrawing from any course. (*W's, I's or NP's put you at risk for disqualification*)
- ☐ Meet with a counselor if you are struggling academically. (*D's or F's put you at risk for disqualification*)
- ☐ Study a minimum of twice the number of hours you are in class each week (*e.g. 3 units x 2 = 6 hours of weekly study*)
- ☐ Submit Petition for Academic Renewal Without Course Repetition  
(*After 1 year, 15 units completed with a 2.0 or higher GPA you may disregard from GPA up to 12 units of D's and F's*)
- ☐ Meet with your instructor, regarding: \_\_\_\_\_
- ☐ Enroll at a different Community College District during year of disqualification from SDCCD.
- ☐ Other/Comment(s) \_\_\_\_\_

***Recommended Support Services:***

- |   |  |
|---|--|
| <input type="checkbox"/> Career Center _____            | <input type="checkbox"/> Health Services _____ |
| <input type="checkbox"/> Child Development Center _____ | <input type="checkbox"/> Transfer Center _____ |
| <input type="checkbox"/> DSPS _____                     | <input type="checkbox"/> Tutoring _____        |
| <input type="checkbox"/> EOPS _____                     | <input type="checkbox"/> Other _____           |

**I understand my readmission to the District is dependent upon my fulfillment of this academic contract.**

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

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