



SCHOOL OF GRADUATE STUDIES
ACADEMIC PROBATION CONTRACT

Name:	CCSU ID:
Address:	Phone:
City/State/Zip:	
Country:	Date:

Degree:	
Program:	

I understand that the School of Graduate Studies has granted me ONE semester on academic probation. I must sign this form before any registration holds will be removed from my student account. I understand that, once grades are posted, if I failed to earn a cumulative GPA of 3.00 or above, I will be academically dismissed from the University and I will not be reimbursed for any tuition/fees paid for the following:

Semester:	Summer	Winter Session
Class(es):		

I understand and accept the consequences once my grade(s) are posted. I realize that if I do not meet the conditions of my probation, I will be dismissed from the University.

Student:

Signature	Print Name	Date
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Dean of Graduate Studies

Signature	Print Name	Date
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