

HAMPTON UNIVERSITY

HAMPTON, VIRGINIA 23668

STUDENT SUCCESS CENTER

(757) 727-5913

FAX (757) 728-6973

Academic Support Contract

Name: _____ ID Number: _____

Campus/Local Address: _____

City: _____ State: _____ Zip code: _____

Cell Phone: _____ Alternate Phone: _____

Email: _____

Major: _____

I understand that strong academic performance is necessary for my successful matriculation at Hampton University. I am being proactive at seeking out academic assistance from the Student Success Center to assist me in improving/maintaining my grades. Below are my **REQUIRED** tasks to fulfill.

1. Meet with my Student Success Advisor in the Student Success Center **biweekly** throughout the semester.
2. Attend at least half of the number of workshops provided throughout the semester (ex: if 8 workshops attend 4).
3. Attend Tutoring Services, if necessary.
4. I, _____ give consent to the Student Success Center to exchange information (grades, progress, etc.) between Faculty, as identified.

Signature of Student

Date

Student Success Advisor

Date