Student Transition Program Agreement Form

By accepting the offer of admission to the University of Mary Washington, I am agreeing to the following expectations:

I understand that I will:

1. Participate in the academic year long STP program which includes the summer session starting on June 18 through July 24, 2014.
2. Attend the Welcome Ceremony on Wednesday, June 18, 2014.
3. Enroll in one summer designated UMW credit courses.
4. Enroll in the fall 2014 EDUC 101 (How to Succeed in College I) and the spring 2015 EDUC 102 (How to Succeed in College II) classes.
5. Attend class, be punctual and complete all assignments. Any excused absence must be documented and approved by the program director.
6. Maintain at least a “C” average in course work. Students may not drop and/or add additional courses.
7. Attend mandatory study halls and college success workshops.
8. Attend cultural and social events throughout the five-week summer session.
9. Attend all special sessions designated by STP staff.
10. Abide by the rules and regulations established by the STP staff.

Failure to meet the aforementioned conditions may result in termination of my enrollment at the University of Mary Washington. Please note, the director has the authority to dismiss a student from the program for unforeseen circumstances.

The University of Mary Washington agrees to:

1. Provide students with an opportunity to receive 3 credits hours towards graduation.
2. Provide tutoring in selected subjects.
3. Provide small group sessions focusing on study skills, time management and career exploration through the course of the academic year.
4. Provide free room, board, tuition and books for the summer term.
5. Provide opportunities to engage in recreational activities.
6. Provide a residence life experience (including kitchen facilities, laundry room, study lounges and Internet access).
7. Provide students with assistance from Disability Resources, if needed. (Note: Students must notify Disability Resources at least one month prior to the program if special assistance is required)

I have read the above and I accept the terms of this agreement.

____________________________________  ________________
Applicant’s Signature  Date

____________________________________  ________________
Parent or Guardian’s Signature  Date