Student Transition Program (STP) 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 17 through July 21, 2016.
2. Attend Orientation Session # 1 on Thursday, June 16th - Friday, June, 17th 2016. (Note: Students are responsible for completing the orientation registration process and any associated fees. For those who have graduation conflicts, register for session #4 and contact Mr. Wilkes immediately.).
3. Enroll in the summer 2016 EDUC 101 (How to Succeed in College) and a general education course.
4. Attend class, be punctual and complete all assignments. Any excused absence must be documented and approved by the program director.
5. Maintain at least a “C” average in course work.
6. Attend mandatory study halls and study skills workshops.
7. Attend cultural and social events throughout the five-week summer session.
8. Abide by the rules and regulations established by the STP staff.
9. Attend scheduled advisement sessions and/or workshops in the spring 2017 semester.

Failure to meet the aforementioned conditions may result in termination of my enrollment at the University of Mary Washington.

STP/University of Mary Washington agrees to:

1. Provide students with an opportunity to receive up to four credit 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 telephone access).
7. Provide students with assistance from Disability Resources, if needed. (Note: Students must notify Academic Services 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