

Agreement for Academic Reinstatement

Second Chance Program

Academic Term of Suspension: Spring 20__ Fall 20__

As a participant in the Second Chance Program, I, _____,
CNU ID number _____ and major _____; agree to adhere to the following
conditions during the effective returning 'Agreement' term of Spring 20__ Fall 20__:

1. I will accept schedule recommendations made by my academic advisor or the Office of the Registrar:
Credit-hour limit (if other than 14): _____
1. I will develop and submit for approval an action plan for improving grades and a future course of study.
2. I will attend all class meetings regardless of individual class policy. If illness or emergency situations necessitate my absence, I will notify the instructor in advance.
3. I will turn in assigned work on time.
4. I will follow all rules and regulations of Christopher Newport University as outlined in the *Undergraduate Catalog* and *Student Handbook*.
5. I will receive midterm grades of at least C or better in all classes.
6. I will achieve at least a 2.0 term GPA for each semester I enroll.
7. I will renew the *Second Chance Agreement* each semester until I achieve a cumulative GPA of a 2.0.
8. I will meet with my academic advisor at least twice during the effective 'Agreement' term.

Failure to make satisfactory academic progress at the end of this semester may result in academic dismissal.
Failure to abide by this agreement may result in academic dismissal.

Student Signature

Date

Current Phone Number: _____ and _____
(Home/Residence Hall) (Cellular)

Current Email Address: _____

Signature of CNU Official/Advisor

Date

Important Information Regarding Degree Progress: You are required to register and maintain a minimum of 12 credit hours in fall and spring semesters to be considered a full-time student. Please note that students are strongly encouraged to register for at least 15 credit hours in all regular semesters (fall and spring) to make progress toward graduation in four years. Please consult with your academic advisor to ensure that your course selections progress you toward your intended degree.

OFFICIAL USE ONLY: SHAINST SPACMNT SFAREGS SSAFRPO **Date of Action:** ___ / ___ / ___

Academic Self-Assessment

Name _____ Student ID# _____

Your responses to the questions below are confidential; they will help your advisor assist you. Please complete all the items. If you wish to provide additional information, please feel free to do so.

List the reasons that contributed to your academic difficulty:

a) _____ b) _____

c) _____ d) _____

List your areas of academic strength:

a) _____ b) _____

c) _____ d) _____

Course work:

Y N Problems with class **attendance**? Why?

Y N Problems with an instructor's **teaching style**? Why?

Y N Problems with a **testing style**? (e.g., multiple choice, essay, problems) Why?

Y N Are there particular **types of courses** that cause difficulty? Why?

Academic Skills: Did you experience **difficulty** with:

Y N **Reading speed** (Do others seem to read much faster than you?)

Y N **Reading comprehension** (Do others seem to understand more than you?)

Y N The **mechanics of written** work (spelling, punctuation, sentence construction?)

Y N **Quantitative** (numerical/math) skills

Y N **Note-taking** skills (getting it all down, organization, losing main points)

Y N Ability to identify **major/supporting points** from the lecture/textbooks

Y N **Time management**

On average, how much time **per week** did you spend preparing for your classes/studying _____ Hours

On average, **how many hours** did you spend preparing for an exam? _____ Hours

Continued on reverse side.

Approximately **how many hours each week** did you spend on the following:

Team/club athletics (practice & games)	_____
Paid employment	_____
Volunteering/internships	_____
Clubs (non-athletic)/Organizations	_____
Socializing/hanging with friends	_____
In contact with your family	_____
Computer gaming, emailing, surfing, etc.	_____

Personal Issues: Did you experience **difficulty** with: (Please explain.)

Y N Your **residential/living** arrangement

Y N Having a **place to study**?

Y N **Noise/** interference in the residence?

Y N **Roommate/Suitemate/Floormate**?

Y N **Health** problems?

Y N **Motivation** problems?

Y N **Adjustment** to the University?

Y N **Personal/family** problems?

What is your major? _____ Are you satisfied with it? Y N

Use this space for anything else you would like your advisor to know.