



## Student Academic Sanctions Contract

*"You already have every characteristic necessary for success if you recognize, claim, develop, and use them." -Zig Ziglar*

I, \_\_\_\_\_, acknowledge the actions I have taken that have caused my grades to fall below what is acceptable according to the guidelines set forth by New Mexico State University and Dona Ana Community College. I take full responsibility for these actions.

I agree to complete the following guidelines for the \_\_\_\_\_ semester or until I meet my academic goals.

Initial\_\_\_\_\_ **1)** I will enroll in and attend courses selected in consultation with my advisor or counselor. I will not deviate from that schedule without their advice and consent.

Initial\_\_\_\_\_ **2)** I will visit the Student Success Center (Tutoring Center) at least \_\_\_\_\_ times a week to review assignments and study habits.

Initial\_\_\_\_\_ **3)** I will maintain regular contact (schedule to be agreed upon) with my Counselor to update them on my progress.

Initial\_\_\_\_\_ **4)** I will maintain consistent contact with my instructors and will obtain my exact grade point average every two weeks.

Initial\_\_\_\_\_ **5)** I will enroll in no more than \_\_\_\_\_ credit hours for the \_\_\_\_\_ semester.

Initial\_\_\_\_\_ **6)** I will attend class regularly and will inform my instructor as soon as possible of impending absence and will obtain information on making up assignments (pursuant to syllabus policy). If I must miss a class I will contact my instructor via means set forth in the syllabus.

Initial\_\_\_\_\_ **7)** I will attend at least two Center for Academic Success (NMSU Hardman Hall, room 210, 646-3136) workshops pertaining to my academic challenges.

Initial\_\_\_\_\_

**8) I will pick my free copy of my DACC Student Handbook and Planner, and utilize it keep track of my assignments and other academic or personal commitments. I will read and understand the General Information and Academic Regulations section of the DACC Catalog. I will also read and understand the critical information in each session's Schedule of Classes. I will clarify anything that is unclear with my counselor or advisor.**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Counselor/Advisor

\_\_\_\_\_  
Date

**Approval recommended** \_\_\_\_\_

**Approval not recommended** \_\_\_\_\_