I agree to follow the terms of this recommended plan in order to maximize my chances for academic success at Indiana University-Purdue University Fort Wayne (IPFW). I realize that it is my responsibility to understand the academic rules and policies as detailed in the IPFW Bulletin and the withdrawal deadlines as detailed in the IPFW Class Schedule. I understand that by completing the terms of my plan, I will increase the probability of successfully continuing my education at IPFW.

This semester I will:

1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________
4. ____________________________________________________________
5. ____________________________________________________________

As your ASAP! Coach, I will agree to support you in the following manner:

1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________
4. ____________________________________________________________
5. ____________________________________________________________

I am adding the following recommendations to the terms of your Academic Achievement Plan:

1. ____________________________________________________________
2. ____________________________________________________________

I understand that the successful completion of the terms of my Academic Achievement Plan will aid in my future success at IPFW. I agree that I am responsible for the items on this plan.

My signature below indicates that I understand and agree to satisfy the terms of my Academic Achievement Plan.

Student Signature ___________________________ Date ___________________________

ASAP! Coach Signature ___________________________ Date ___________________________