

**IPFW**  
**Mastodon Academic Performance (MAP) Center**  
**Athletics Advising Contract for Freshmen & Transfer Students**

Name: \_\_\_\_\_ Sport: \_\_\_\_\_

Fall 20 \_\_\_\_\_ Contact info: \_\_\_\_\_

**As an IPFW student-athlete, I realize that my academic performance must be my number one priority while at this institution.**

- I. I will meet once a month with my MAP Center advisor, \_\_\_\_\_, to review NCAA Rules, my academic requirements and my grades. **I will bring support of my progress for each class to this regular meeting, including test results, graded papers, quizzes, and projects.** If an emergency conflict arises, I understand that I am responsible for rescheduling the meeting during the same week at a time that is convenient to both schedules. If I miss a meeting, I understand that my head coach will be informed immediately, and that I can be considered ineligible for practice until such time as I meet with my advisor.
- II. I agree to contact my MAP advisor should I receive any grades at or below C level work.. I also will take advantage of the many IPFW services (i.e. CASA and the Writing Center) to help me improve my study skills and academic performance.
- III. I will work toward a goal of \_\_\_\_\_ or higher GPA this semester. Evidence of this will be scores on quizzes and exams, papers, projects, and grade check reports from my instructors.
- IV. I will attend ALL classes. There will be no excuses accepted other than those pre-arranged and approved of by completion of my Missed Class Worksheet.
- V. I will maintain enroll in a minimum of 15-16 hours this semester and not drop a class without prior approval of my MAP advisor.

I understand that all of my instructors will be contacted for grade updates and that monthly progress reports will go to my coach. I also understand that I am responsible for each of these requirements and that my continuing status as a student-athlete at IPFW hinges directly on my performance this semester.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Contact Info: [kuznarc@ipfw.edu](mailto:kuznarc@ipfw.edu) or 481-6192

Advising appointments: Date/Time

September \_\_\_\_\_, at \_\_\_\_\_

October \_\_\_\_\_, at \_\_\_\_\_

November \_\_\_\_\_, at \_\_\_\_\_