

**IPFW/M.A.P.**  
**Mastodon Academic Performance Center**  
**Athletics Intrusive Advising Contract**

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

Fall/Spring 200 \_\_\_\_\_

**As an IPFW student-athlete, I realize that my academic performance must be my number one priority while at this institution. Due to my term GPA of \_\_\_\_\_, and in order to improve my academic performance, I have read and agree to the following stipulations this semester.**

- I. Meet every other week with my academic advisor, \_\_\_\_\_, to review my academic accomplishments, requirements and concerns. **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. Generally, take advantage of the many IPFW services (i.e. CASA and the Writing Center) to help me improve my study skills and academic performance. Specifically, to provide documentation to indicate that I am making progress toward my primary goal of  
  
\_\_\_\_\_  
  
\_\_\_\_\_

III. Demonstrate work toward a \_\_\_\_\_ 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. Attend ALL classes. There will be no excuses accepted.

V. Enroll in at least 15 hours this semester and not drop a class without prior approval of my academic advisor.

I understand that my advisor will contact my instructors 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: \_\_\_\_\_

Advising appointments:      Time: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.