



**ACADEMIC PROBATION COACHING SESSION
ATTENDANCE FORM**

Student Name _____ AU ID# _____

Cell Phone # _____ E-Mail _____ Agreement Term FALL SPG _____

Session 1: _____ **Student Signature:** _____

Session 2: _____ **Student Signature:** _____

Session 3: _____ **Student Signature:** _____

Session 4: _____ **Student Signature:** _____

Session 5: _____ **Student Signature:** _____

Session 6: _____ **Student Signature:** _____

Session 7: _____ **Student Signature:** _____

Session 8: _____ **Student Signature:** _____

Academic Probation Coaching Attendance Agreement

As an Andrews University Success Advisee Academic Probation student, I understand and agree to the following:

- I agree to attend eight (8) weekly sessions with my academic probation coach and arrive at the scheduled time.*
- a. Every attempt must be made to reschedule any missed meetings.*
 - b. No more than 3 meetings may be rescheduled.*

By signing below, I understand the attendance requirements of the Academic Probation Coaching program.

Student Signature

Date

Academic Coach Signature

Date