

Student Support Services – *Participation/Consent Agreement*

University of Wisconsin-River Falls
Academic Success Center

2009-2010 Academic Year – *Participation/Consent Agreement*

I hereby authorize the Student Support Services Staff to access my academic records and to request attendance and performance information from my instructors on my behalf. I hereby authorize my instructors to release such information. I release the staff of Student Support Services and my instructors from all legal responsibility or liability that may arise from the actions I have authorized.

I would like to continue in the SSS Program: YES NO

Student Signature

Falcon ID #

Student Name

Date

Preferred E-mail address

SSS Coach

Fall 2009 Residence Hall **and** Room #

OR

Off-Campus Address

Cell Phone Number

Local Phone Number

I agree to be an active member of the SSS program by completing the following items:

- ✓ Meet regularly with my SSS Coach and academic (faculty) advisor
- ✓ Follow the Academic Success Plan created by me and my SSS Coach
- ✓ Attend 2 or more SSS events/workshops and meet at least 2 times with my SSS Coach
- ✓ Participate in the tutoring program as needed throughout the academic year
- ✓ Attend all classes and complete all work in a timely manner

I understand that I may lose my status as a SSS participant if I do not follow the terms of this agreement.

If you are NOT returning to UW-RF next Fall, please check the reason:

____ Withdrew for financial reasons

____ Withdrew for academic reasons

____ Withdrew for health reasons

____ Withdrew for personal reasons

____ Enrolled in graduate school (_____)

____ Graduated (congratulations)

____ Transferring to: _____

____ Other (please list: _____)

Use postage paid envelope to return to:

University of Wisconsin – River Falls
410 So. 3rd St.
Academic Success Center
105 Davee Library
River Falls, WI 54022

For office use only:

Advisor: _____ Rank: _____

Major: _____

GPA: _____ Credits: _____

Eligibility: _____ Partic. _____