



CHALLENGE STUDENT ACADEMIC SUCCESS CONTRACT

Brigham Young University Hawaii

We support you as you take the necessary steps to ensure your academic success.

Name _____ Student ID# _____

BYUH Email _____ Phone _____

Other Email _____ Date _____

I will adhere to the following conditions during the _____ semester.
(Check those that apply)

I will attend all class sessions and complete and turn in all assignments on time.

I will enroll in and pass STDEV 101R.

I will check my BYUH email daily.

I will meet _____ with Center for Academic Success staff..

I will meet with my academic advisor by _____ . _____
Date Academic Advisor

I will meet with each of my instructors as needed for my classes.

I will return a signed "Grade Check Academic Performance Form" after I meet with my instructors to Center for Academic Success by _____.

I will acheive a semester GPA over **2.5 (B- average)**.

Other _____

Signing this contract means I have read and understand the document I am signing. I also understand that if I do not meet the terms of this contract, my continued registration at BYUH may be affected.

Student Signature _____ Date _____

CAS Signature _____ Date _____