

Learning Contract

Office of Student Records

fax - 419-251-0629 or email - registrar@mercycollege.edu.



STUDENT INFORMATION

Name: _____
First Middle Initial Last

Student ID #: _____ Phone #: _____ College Email: _____

Program of Study: _____

LEARNING CONTRACT

The student will:

- Meet all course and/or academic program requirements.
- Schedule a meeting with a designated Student Success Center staff member within the first two weeks of the semester unless otherwise approved by the center staff. The purpose of the meeting is to develop an action plan that may include but is not limited to meeting dates, study skills, and/or test taking strategies. Follow-up appointments and/or communication will require the student to demonstrate progress in meeting the terms of the learning contract.
- Schedule a meeting with the course instructor(s) within the first two weeks of the semester unless otherwise approved by the instructor. The purpose of this meeting is to schedule dates to review **all** written exams within 5 business days of receiving the exam grade and discuss any questions or concerns by either party. Additional meetings may be scheduled by the course instructor as needed. The Program Director may be invited to meetings at the request of the student or instructor.
- If applicable, schedule time to practice skills for at least one hour per week during semester. Completion of skills practice will be validated by electronic signature of lab instructor or other persons as appropriate.
- Schedule a meeting with the Director of Career, Professional Development and Retention within the first two weeks of the semester unless otherwise approved by the Director. The purpose of this meeting is to assess the student's eligibility for additional support services.
- Abide by additional requests for information or action related to academic progression by the Program Director as outlined below or in an attached document:

I understand that being placed on academic probation requires me to abide by the terms of a learning contract as outlined by my instructor and/or Program Director and approved by the Dean at Mercy College of Ohio. I understand and agree that failure to meet all the requirements of the learning contract may result in dismissal from the academic program at Mercy College of Ohio as indicated above. Dismissal from an academic program does not equal College dismissal.

I understand that in a course being repeated for the second time, I must follow learning contract guidelines.

I have reviewed the above stated conditions for progression in my academic program and I agree to fulfill the terms of the learning contract as described.

Student Signature Date

Program Director Signature Date

Academic Dean Signature Date

FOR MERCY COLLEGE STAFF OFFICE USE ONLY

Office: Student Records

Last Updated: 08/14/2019

Copies: Student Records, Student Success Center

Processed by: _____ Date: _____

Staff Initials