

New Jersey City University
The Office of the Dean of Students
Gilligan Student Union Building, Room 127
2039 Kennedy Boulevard, Jersey City, NJ 07305
GAINING ACADEMIC POWER CONTRACT (G.A.P.)

Student Name: _____ Gothic ID# _____

You are currently on academic probation because your grade point average has fallen below the acceptable standard for the number of credit hours attempted. However, New Jersey City University and the Office of the Dean of Students are committed to helping you to become a successful student who can achieve academically. It is for that purpose that the G.A.P. program has been created. It is a means by which to enable you to "bridge the academic gap" and to become better equipped to accomplish your educational and professional goals. This is to be completed and reviewed each semester during the probationary period.

I understand that:

1. I will remain on Academic Probation until my cumulative grade point average (G.P.A.) reaches and/or exceeds the minimum academic standard.
2. My financial aid (if applicable) may be in jeopardy.
3. I will not be allowed to graduate until I have achieved an overall G.P.A. of 2.0.
4. I may be suspended from the University if I do not earn a 2.0 semester grade point average or meet the minimum academic standards for the _____ semester.

I agree to complete the following tasks;

1. Meet with an academic advisor to review my transcript and plan a program for academic improvement by _____.
2. Resolve all incomplete grades by _____.
3. Begin the process to repeat/recompute (up to sixteen credits) those courses in which I have received a "D" or lower and file a recomputation form with Registration Services for each.
4. Attend at least one of the study skills workshops sponsored by the Counseling Center. It is my responsibility to contact this department at 201-200-3165 to obtain a schedule.
5. Speak with my professors about my academic progress and ask for suggestions for improvement.
6. Seek tutorial assistance as soon as I realize that I am having difficulties (through specific departments and/or programs).
7. Request accommodations for any disability, if applicable, by contacting Project Mentor/Specialized Services (201-200-2091).

I further understand that confidential records will be kept with regard to my participation in the activities indicated above and will be taken into consideration in the future determination of my academic status.

The signatures below indicate that I have been made fully aware of my current academic situation and that I have been informed of all of the services available to me.

Student's Signature/Date: _____

Advisor's Signature/Date: _____

D.O.S. Staff Signature/Date: _____
