



## HPOP Probationary Status Agreement

Name \_\_\_\_\_ Identification Number \_\_\_\_\_

This is an agreement between Gateway Technical College HPOP- Health Profession Opportunity Program and you. By signing this document, you acknowledge that you have been placed on a HPOP Probationary Status Agreement due to not complying with the Compliance Agreement that you signed on \_\_\_\_\_.

The purpose of this status is to:

- ✓ Improve your academic effectiveness in your course studies
- ✓ Attain a minimum semester GPA at a 2.0 each semester. If you do not attain the required semester GPA, you will be suspended from HPOP
- ✓ Meet with your HPOP Specialist when required, following all compliance agreement
- ✓ Ensure all courses you enrolled in were completed and follow attendance policies

If you do not comply with the HPOP terms you will be dismissed from the HPOP- Health Profession Opportunity Program.

To assist you in attaining in HPOP it is *recommended* that you:

- Schedule an appointment and meet with your Counselor/Faculty Advisor review your strategies for academic success. Counselor/Faculty Advisor Initials: \_\_\_\_\_
- Attend all scheduled appointments and meet with your HPOP Specialist as required. Please note: failure to attend appointments will result in dismissal of HPOP. Appointment Dates \_\_\_\_\_
- Become familiar with, and utilize, college resources – tutoring, counseling, study skill enhancement activities, etc. –that may be of use to you in attaining academic success. Department Initials: \_\_\_\_\_
- Attend all class and follow attendance policies.
- Communicate on a regular basis with your course instructors to receive accurate measurement of your academic progress in each class. (You are required to complete your SNAIR- Student Needs Assessment and Improvement Report and give it in to your HPOP Specialist at each meeting).
- Learn to study more effectively and manage your time more wisely. Attend a workshop \_\_\_\_\_ Workshop Presenter Initials \_\_\_\_\_
- Review and read your e-mails on a daily basis. HPOP sends important information that is related to our program.

By signing below, you indicate that you have read and understand all of the terms and conditions of this agreement and acknowledge that failure on your part to achieve the required will result in dismissal from the HPOP- Health Profession Opportunity Program.

Signature of HPOP Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of HPOP Specialist \_\_\_\_\_ Date \_\_\_\_\_