



Inter American University of Puerto Rico
Office of the Dean of Academic Affairs

SATISFACTORY ACADEMIC PROGRESS POLICY

ACADEMIC AGREEMENT

Technical Certificates Program

Identification Number	Father's Surname	Mother's Maiden Surname	Name	Initial
Campus	Home Address		Mailing Address	
Home Telephone	E-mail			
Mobile Phone				
Program of Study				
Program Grade Point Average (GPA)			A) Total Earned Hours	_____
General Grade Point Average (GPA)			B) Total Attempted Hours	_____
			C) Pace of Completion (A/B)	_____

Instructions

- All students on academic probation and all students who wish to appeal the loss of eligibility to receive financial aid or an academic suspension must develop, with the help of the director of technical certificates program or professional counselor, an Academic Agreement that will enable them to achieve satisfactory academic progress within a specific period of time.
- Verify your academic record. For this, you must print a credit transcript, available at www.inter.edu by selecting the following links: InterWeb / Student Services /Student Record /Transcript.
- In the spaces provided below, indicate the terms and dates of the terms in which you will enroll, the courses you will take, and the grades you must obtain in order to achieve satisfactory academic progress. You must give priority to repeating the courses you have failed.
- Discuss your Academic Agreement with the director of technical certificates program or your professional counselor. He/she will help you complete and validate the final agreement. He/she will help you decide which courses to take and the grades you must obtain in order to achieve the GPA and pace of completion you need to reach satisfactory academic progress.

Note: When discussing this academic agreement with the student, the director of technical certificates program or professional counselor may verify the student's GPA, pace of completion and academic evaluation using the Satisfactory Academic Progress Policy reports.

Period this agreement covers:	From term:	To term:
	Date:	Date:

First Term:	Date:		
Courses		Credits	Expected Grade A=4; B=3; C=2
1.			
2.			
3.			
4.			
5.			
Alternative courses (if necessary)			
1.			
2.			
		Total Credits	

Second Term:		Date:	
Courses		Credits	Expected Grade A=4; B=3; C=2
1.			
2.			
3.			
4.			
5.			
Alternative courses (if necessary)			
1.			
2.			
		Total credit	

Third Term: (if necessary)		Date:	
Courses		Credits	Expected Grade A=4; B=3; C=2
1.			
2.			
3.			
4.			
5.			
Alternative courses (if necessary)			
1.			
2.			
		Total credit	

Check others services that you will use to improve your academic performance

- Tutoring
 Study Groups
 Visits a professional counselor
 Information Access Center (Library)
- Mentoring
 Others: _____

Approved

Signature of the director of technical certificates program or professional counselor

Name of the director of technical certificates program or professional counselor

E-mail of the director of technical certificates program or professional counselor

Comments/Observations: _____

I certify that I have discussed this Academic Agreement with the director of technical certificates program or professional counselor of my program of study, and that **I am committed to comply with the terms herein established.** I understand that any changes in the courses herein agreed upon must be authorized by the director of technical certificates program or professional counselor. I also understand that I may lose eligibility for federal or state funds if I fail to comply with the conditions set forth in this agreement.

Student's signature

Date