



THE MASTER'S UNIVERSITY

DEPARTMENT of ACADEMIC AFFAIRS

PASS Agreement

I have received and read my Program for Academic Support and Success (PASS) letter from the Provost at The Master's University. I am returning this signed agreement, which is part one of the two-step enrollment/return confirmation process.

1. I have **scheduled** my first Academic Counseling appointment with an academic counselor to fall within the first two weeks of school.
2. I have carefully read the paragraph in the Academic Catalog and Student Life Handbook regarding **Academic Probation** and will faithfully keep my regularly scheduled appointments throughout the semester. I will also be willing to consider the advice given by my academic counselor and academic advisor, professors, and staff members to help me in my efforts and goal to be removed from monitoring academic probation at the end of the semester.

Home Phone: _____ Cell Phone: _____

TMU Email: _____ Home Address: _____

Date

Student's Name (Please Print)

Student's Signature

**Please mail, fax or scan signed completed agreement upon receipt to:
Academic Resource Center (ARC) - Counselor's Office
or kantariksa@masters.edu**