

PROBATIONARY CONTRACT

Probationary students who do not confirm and submit a signed copy of this contract with their School/Department will be de-enrolled from their classes by their School/Department.

| | | | | | | | | | |
|-------------------|--|--|--|--|--|--|--|--|--|
| STUDENT ID NUMBER | | | | | | | | | |
| | | | | | | | | | |

| | | |
|------|--|--|
| DATE | | |
| | | |

| | | | |
|---|--|---|--|
| LAST or SURNAME | | FIRST or GIVEN NAME | |
| PROGRAM | | | |
| TERM OF PROBATIONARY PLAN OF STUDY (e.g., Winter 2011): Term: <input type="text"/> Year: <input type="text"/> | | | |
| CURRENT CUMULATIVE GRADE POINT AVERAGE: | | LAST DATE TO DROP A CLASS IN GOOD ACADEMIC STANDING IS: | |

| | | | |
|--|--|--|--|
| MAXIMUM NUMBER OF COURSES TO BE TAKEN: _____ | | MINIMUM NUMBER OF COURSES TO BE TAKEN: _____ | |
| (You may not enroll for more than the maximum or fewer than the minimum number of classes without consulting your program advisor.) | | | |
| WRITTEN APPROVAL REQUIRED TO DROP ANY COURSES: YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| (If yes you are required to get written approval to drop any courses.) | | | |

NOTE: If you choose to drop the courses indicated as “recommend completion” below, you will seriously impede your ability to complete your program in a timely fashion.

| RECOMMENDED COURSES | Recommend Completion? | RECOMMENDED COURSES | Recommend Completion? |
|---------------------|-----------------------|---------------------|-----------------------|
| 1. | | 4. | |
| 2. | | 5. | |
| 3. | | | |

| |
|--|
| TERM GPA OF 2.00 REQUIRED: YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If a term GPA of 2.00 is required and you fail to achieve at least 2.00, you will be Required to Withdraw from the University at the end of this term. |
| ADDITIONAL COMMENTS, RECOMMENDATIONS OR APPROVED PROGRAM STANDING VARIATION REQUIREMENTS: |
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It is recommended that you get learning support on campus to address your learning needs:

Option 1—Enroll in a special program for probationary students called “Get Clear.” Go to www.ryerson.ca/getclear for more information and to register.

Option 2--Register for workshops offered by the learning support areas on campus at https://runner.ryerson.ca/StudentWorkshops/aio_public.cfm.

| | | |
|---|---|--|
| <input type="checkbox"/> Academic writing skills | <input type="checkbox"/> Grammar and English language use | <input type="checkbox"/> Research skills |
| <input type="checkbox"/> Citation methods and integrating sources | <input type="checkbox"/> Study skills | <input type="checkbox"/> Presentations |

- I UNDERSTAND THAT:
- I take responsibility for knowing Ryerson University Policy 46 (www.ryerson.ca/senate/policies/pol46.pdf) pertaining to academic standings.
 - If I fail to meet any Department/School Academic Standing variation requirements, I will be Required to Withdraw at the end of the term.
 - If I achieve a Term Grade Point Average (TPGA) of at least 2.0, I will continue in my program on Probation.
 - If I do not achieve a Term Grade Point Average (TGPA) of at least 2.0, I will be Required to Withdraw at the end of this term.
 - If I achieve both a Term Grade Point Average (TGPA) and a Cumulative Grade Point Average (CGPA) of at least 2.0, I will have a Clear standing at the end of this term.
 - If I fail to achieve a CGPA of at least 1.00, regardless of my TGPA, I will be Required to Withdraw.
 - Workshops, seminars and other recommendations are designed to assist me in succeeding, and I should attend to them as soon as possible.
 - I must seek assistance from an appropriate instructor or program advisor as soon as any problems arise during the term.
 - Failure to abide by this contract will jeopardize my ability to successfully appeal my academic standing assigned at the end of this term.
 - I understand that there may be implications for my OSAP eligibility based upon my course load.

Student’s Signature: _____ Date: _____

Program’s Signature: _____ Date: _____

PROTECTION OF PRIVACY: The information on this form is collected under the authority of the Ryerson University Act and is needed to process your application for Academic Consideration. The information will be used in connection with this application. If you have questions about the collection, use and disclosure of this information by the University, please contact: the Student Records Manager, 350 Victoria Street, Toronto, ON, M5B 2K3 Tel.: 416-979-5000 Ext. 6041. (December, 2011)