



**FIRST Fully Integrated Resource, Support and Transition Program  
Student Participant 2017 Terms of Agreement**

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Last name

First name

Middle initial

**I, the above named student,** agree to meet the following expectations during my participation in the FIRST Program. I understand that my acceptance to the University depends on agreeing to **all** of the following:

**I will –**

- **Enroll in and complete no more than 15\*** semester hours of courses during the fall semester as outlined below:
  - UDI 175 The Art and Science of Learning (2 semester hours)
  - ASI 150/BAI 150/EDT 109/EGR 100/HSS 101/VAR 100, depending upon major (1 semester hour)
  - Up to 12\* semester hours (4 courses) of other first-year courses. Specific courses will be determined in consultation with and approved by the appropriate Dean’s Office. At least 2 of these courses will have formal learning support sessions.

\*Science majors may be required to take an accompanying lab course for an additional 1 semester hour.

- **Attend and participate in all** learning support sessions scheduled in association with my courses unless prevented by documented illness or emergency. I will take responsibility for learning material and information covered in any sessions I miss due to documented illness or emergency.
- **Conform to** all course policies, including the class attendance policy, as set by the instructor of each class.
- **Adhere to** University regulations as detailed in the University of Dayton *Student Handbook*, as provided, and show proper respect for all individuals and the community.

**I understand** that, just as every other student, if I do not achieve the minimum GPA required to be in good standing as defined by the University, I will be placed on Academic Probation, and that if I do not achieve the minimum GPA required to be in good standing at the end of my second semester, I may be dismissed from the University.

**(continued on back)**

**I have read** these Terms of Agreement and understand that my acceptance to the University of Dayton for Fall 2017 is based on my agreement to meet the conditions and expectations presented above.

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Student signature	Student ID #	Date
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**I have read** the Terms of Agreement and I understand that acceptance of my student to the University of Dayton for Fall 2017 is based on my student's agreement to meet the conditions and expectations presented above.

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Parent or guardian signature	Date
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**Acknowledged by**

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Representative of Office of Learning Resources	Date
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**Acknowledged by**

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Representative of the Academic Unit Dean's Office	Date
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