NHTI Academic Recovery Program Application

Name: _____ Student ID: _____

Cell Phone Number: _____ Personal Email Address: _____

CCSNH Email Address: _____

Explain what has impacted your academic performance:

_____
_____
_____
_____
_____

In future semesters, I will meet the standards for Academic Recovery by following these changes in my approach to learning at NHTI- Concord's Community College:

_____
_____
_____
_____
_____

When meeting with your advisor, select the academic and professional resources you will use at NHTI to support your goals:

- ☐ Tutoring
- ☐ Study Hours in ACE
- ☐ Accessibility Support
- ☐ Faculty Office Hours
- ☐ Other: _____
- ☐ Lynx C.A.R.E Support
- ☐ Bursar's Office/Financial Aid Support
- ☐ Check-In with Resident Life Staff
- ☐ Check-In with Athletic Director (for Athletes only)

PLEASE INITIAL EACH SECTION BELOW AS YOU AGREE:

_____ I understand that I need to achieve Satisfactory Academic Progress this semester as determined by CCSNH policy. The table below details the policy, which can also be found on my Navigate dashboard.

_____ I understand I must attend all my classes.

_____ I understand I need to have my books/supplies and log into Canvas within the first week of classes.

_____ I understand in-person classes are recommended as available.

_____ I understand I will discuss an academic success plan with my academic advisor, and I agree to follow through with the recommendations.

_____ I will schedule meetings this semester as determined by my academic advisor.

_____ I will establish open and honest communication with my academic advisor about my academic behavior and progress.

_____ I understand I must study in ACE for ____ hours a week.

_____ (Athletes Only) I understand if I am an athlete, a copy of this plan will be shared with my Coach and Athletic Director.

_____ I agree to take or retake courses if recommended by my advisor and will notify my advisor should I want to make changes.

NHTI Satisfactory Academic Progress (NHTI Student Handbook)

Total Credits Accumulated	Minimum Acceptable GPA
0-13	1.5
14-27	1.7
28-40	1.8
41+	2.0

Your signature on this form indicates that you have reviewed, understood, and agreed to comply with all the conditions outlined in this agreement.

Student Signature: _____ Date: _____

Department or Faculty Advisor Signature: _____ Date: _____

Academic Advisor Signature: _____ Date: _____

Registrar's Signature: _____ Date: _____

For Residence Life Students Only:

Director of Residence Life Signature: _____ Date: _____