



## Summer Opportunity for Academic Recovery: Student Agreement

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Email: \_\_\_\_\_ Participating in 1<sup>st</sup>, 2<sup>nd</sup>, or Full Session? \_\_\_\_\_

### ***Conditions and expectations for participation in the SOAR program:***

SOAR emphasizes presence and engagement leading toward student growth as a learner and a scholar. To participate, students must (initial by each):

\_\_\_\_\_ Attach to this agreement, a one-page, 12-point, Times New Roman, double-spaced reflection of why you have decided to participate in the SOAR program and what you plan to accomplish this summer

\_\_\_\_\_ Be in Knoxville during their enrollment in classes

\_\_\_\_\_ Successfully complete and engage in Counselor Education 205, a one-hour course on success strategies in their first session of enrollment (if you are enrolled in any classes during first or full session, you must enroll in COUN 205 during first session)

\_\_\_\_\_ Not enroll in any classes which conflict with your required COUN 205 class

\_\_\_\_\_ Successfully complete at least six hours of other coursework

\_\_\_\_\_ Meet with an academic advisor prior to summer enrollment and once during summer enrollment

\_\_\_\_\_ Meet with an academic coach once a week and your instructors twice during the session

\_\_\_\_\_ Dedicate at least ten hours per week outside of class to on-location study, tutoring, or engagement with other campus resources

\_\_\_\_\_ Be able to give full attention to summer coursework

**\*To participate in SOAR, students must complete this agreement and email it to Brennen Salmon ([bsalmon1@utk.edu](mailto:bsalmon1@utk.edu)) before 5:00pm on Wednesday, May 24<sup>th</sup>.**

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### **Student's Acknowledgement**

By participating in SOAR, you agree to fully engage with the program and the Student Success Center, including prompt communication through UTK email. This is not a program where you can be passive or disconnected.

I understand completing these requirements does not guarantee continuation of my academic career at UT this fall. I fully understand the expectations regarding the SOAR program and I agree to the terms of this agreement.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
SOAR Coordinator Signature

\_\_\_\_\_  
Date