

600 Lincoln Avenue Charleston, IL 61920 217.581.6696

Dear Student,

Congratulations on your reinstatement to Eastern Illinois University! The University is committed to working with you as you strive to reach your academic goals. As a condition of your readmission, you are **required to meet regularly** with a staff member from the Student Success Center. Together you will work to develop an academic plan and foster the skills necessary to propel you on towards graduation.

PLEASE INITIAL EACH ITEM BELOW:	
I understand that I must contact the week of classes to set up my first Success con	ne Student Success Center (PH: 217.581.6696) during the first sultation.
I understand that as part of my Academic Success <u>if I have not previously t</u>	readmission, I must enroll in EIU 2919-Strategies for taken the class.
I understand that I must attend all the Student Success Center during the semester	appointments deemed necessary by my assigned advisor from er of my reinstatement.
I understand that if I do not fulfill	this obligation a hold may be placed on my academic record.
Student Name (PRINT)	E Student ID #
Student Signature	Date

Please initial, sign, date and return to the Student Success Center.