



San Diego Community College District Student Academic Contract

City Mesa Miramar ECC Spring Summer Fall Year: _____

Student Name: _____ Student ID Number: _____
(PRINT) Last First MI

1st Disqualification 2nd Disqualification 3 or more

Educational Objective: _____

Plan to complete the intended degree or certificate in: _____ terms / years (circle one)
(Number of)

Select **all** that apply:

Class Limitations/Requirements: _____

Unit Limitation: _____

Support Services:
o Recommended: _____

o Required: _____

Expected Outcomes by the end of: _____ (i.e. units completed, GPA, etc.)
(term/year)

Refer to Continuing Education Counseling: _____

Other Restrictions/Requirements: _____

I understand that my readmission to the college is based upon a commitment to my academic success as specified above.

Student Signature: _____ Date: _____

Counselor Name: _____ Signature: _____ Date: _____