## **Public Health Probation/Suspension Contract**

Full Name:	Student ID Number:	
Email:	Preferred Phone #:	
Majors:	Minors:	
Overall GPA:	Probation or Suspension:	
1. What academic challenges do you face or did you face that ha	ave affected your ability to succeed?	
2. Do you plan on staying in your current major? Why or why n	ot?	
3. Have you explored the services available at VT? Here are a fea <a href="https://studentsuccess.vt.edu/">https://studentsuccess.vt.edu/</a> and <a href="https://ucc.vt.edu/acade">https://ucc.vt.edu/acade</a> vt.edu and search for additional resources. Which services (it successful student?	emic_support/study_skills_information.html. Go to	

	te in extracurricular activities (volu e amount of time you spend partici		ernity/sorority, etc.).	If yes, list the
-	ou are planning on taking SPRING is	<u> </u>	xpect to receive. You	u cannot take more
Signature:		Date:		_