

Upward Bound Department
Southern Arkansas University
Agreement to Participate in Academic Year Program

I, _____ agree to participate in the Upward Bound Program at Southern Arkansas University-Magnolia, for the current academic year. As a participant, I hereby agree to the following stipulations:

1. To be in full attendance of all academic year meetings (September-May)
2. To comply with the academic standards as defined in the program deadlines.
3. To comply with the rules and regulations of the Upward Bound program as stated in the Student Handbook or in any other written notice issued by the program director.

I understand that participation is strictly voluntary and thus I may terminate my participation at any time with proper notification being given the administration and that failure to comply with program rules, regulations, and/or authorities may result in my dismissal.

(Please complete in ink)

Student's Signature	Date
Street Address	City State Zip Code

Mailing address if different from street address

