

EKU ID Number _____

KCTCS ID Number _____

KCTCS Transfer School _____

Eastern Kentucky University Colonel Connection Student Agreement

Upon enrollment in the Eastern Kentucky University (EKU) Colonel Connection Program (“the Program”), I agree to the following conditions. **Please sign your initials next to each block as you read and acknowledge it below:**

- _____ 1. I affirm that all information provided by me to EKU in my application for admission to the Program is complete and accurate.
- _____ 2. I will adhere to the Code of Conduct set forth in the *Eastern Kentucky University Student Handbook*. Available at <http://studentaffairs.eku.edu/studenthandbook>
- _____ 3. I understand that access to my EKU DegreeWorks audit is through the EKU Direct student portal and that I must activate my EKU student email through EKU Direct. Further, I will check my EKU email on a regular basis or set up an automated redirect to my preferred email account to receive updates about the program.
- _____ 4. I will maintain a 2.5 or above grade-point average (GPA) in all courses taken at the undergraduate level. I agree that all college level coursework, regardless of institution, will be submitted to EKU for inclusion in my degree audit.
- _____ 5. I agree to finish any developmental course requirements within one year of my initial date of enrollment in the Program.
- _____ 6. I will meet with an EKU Transfer Counselor prior to registration in the Program, and with my assigned EKU Advisor at least once per academic semester while enrolled in the Program.
- _____ 7. I understand that if I cease to be an enrolled student at my current institution for more than one term or change my declared EKU major, I will be required to sign a new Colonel Connection Student Agreement.
- _____ 8. I understand that if I need to enroll in a course at EKU prior to transferring as a full-time student that I should contact the Student Outreach and Transition Office for assistance and follow appropriate policies regarding sharing of financial assistance through a Consortium Agreement.
- _____ 9. I understand that my continued enrollment in the Program and at EKU is contingent upon my meeting the above requirements. I understand that enrollment in the Program does not guarantee admission to academic programs that have specific admission requirements.

My signature below indicates that I understand and accept this agreement.

Print Name (Student)	Date of Birth	Student Signature
----------------------	---------------	-------------------

Name/Office Phone (EKU Registering Agent)	Date
---	------

Transcript Release

I authorize the release of my academic transcripts from the Kentucky Community and Technical College System (KCTCS) to Eastern Kentucky University (EKU) for review throughout my enrollment in the Colonel Connection program.

Print Name (Student)	Student Signature	Date
----------------------	-------------------	------

Contact Information

Eastern Kentucky University - Student Outreach & Transition Office
 521 Lancaster Avenue, Whitlock 442 CPO 72, Richmond, KY 40475
 Email: soto.eku.edu 859-622-7686