Individual Plan of Study Agreement

For ________________________________   ID # ____________

In consultation with an academic advisor, all part-time degree-seeking Continuing Studies students complete an Individual Plan of Study (IPS). The IPS identifies the courses you, the student, must complete satisfactorily to achieve your goal – a University of Tampa degree. This agreement represents a mutual understanding of the best efforts by you and the University to accomplish this goal in the shortest possible time.

You (the student) agree to:

- Complete all admissions requirements, including submission of transcripts and all requested documents.
- Attend UT part-time (9 credits hours or less per semester) for the duration of your plan. (You may apply for and go to full-time status at any time; acceptance as a full-time student automatically voids this plan.)
- Meet with your assigned advisor and develop your IPS within the first term at UT.
- Follow your IPS. (Occasionally, your advisor may suggest an alteration to your IPS due to course availability or other scheduling issues.)
- Remain in good standing with the University as determined by your program of study and by following those terms and conditions in the catalogue and student handbook that apply to you.
- Meet all financial obligations in a timely manner, including tuition and fee payments, application for financial assistance (if needed), submittal of employer reimbursement forms, etc.
- Register in the course(s) designated for each term and remain in the course for the entire term.
- Notify your advisor via mail or letter at least 72 hours prior to the start of any respective term enrollment period if you will not be able to follow your IPS and renegotiate it with your advisor within 45 days after the start of that term.
- Seek renegotiation of this original plan no more than three times. After three adjustments to this plan, it is considered void unless otherwise approved by the Associate Dean, Office of Graduate and Continuing Studies.
- Apply for graduation as indicated on your IPS.

By following these steps, you will be positioned to graduate as scheduled and to receive the special part-time qualified continuing student tuition rate (QCS tuition rate). Failure to comply may result in the loss of your QCS tuition rate, which is dependent upon you adhering to this agreement and your IPS.

The University of Tampa agrees to:

- Make available to you an advisor dedicated to helping you develop and maintain your IPS.
• Make every reasonable effort to offer the class(es), or a reasonable substitute, in order for you to meet the requirements of your IPS. A substitute made by the University due to course availability will not void your IPS.
• Assist you in working with your financial aid counselor to obtain financial aid you are eligible to receive, including providing any documentation that may be required by your employer for you to receive reimbursement.
• Allow you to enroll in your first term at the University at the QCS tuition rate if you meet all other requirements except finalization of your IPS as long as you have completed this agreement.
• Charge you the published QCS tuition rate as long as you remain on your IPS. The University may withdraw your eligibility to receive the QCS tuition rate if it is determined solely by the University you are not in compliance with your IPS or you are delinquent in payment of tuition and/or fees.

**Student’s Selected Program (Major) ____________________________________________**

**Student’s preferred 1st term course(s) [admissions counselor will assist by recommending courses]**

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**Student’s special conditions [for advisor’s information in preparing your IPS]**

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I agree to the terms described here and will schedule a time to meet with my assigned advisor to prepare my Individual Plan of Study.

_______________________________  ______________________  ____________
Student’s Name (printed)        Student’s Signature      Date

______________________________  ______________________  ______________________
Mailing Address                 City                        State                        Zip Code

______________________________  ______________________  ______________________
Preferred email                 Other email                  Phone No.

**Admissions Counselor Initial ________**  **After signature, enter into student’s Nolij Web file-IPSA**