



ACE IT RESTART AGREEMENT

Students seeking an override to an ACE IT hold **must** attend a meeting with a coach or a coach's representative and agree to restart the ACE IT process in the following semester.

Coach's Name: _____ Office #: _____

Coach's Email: _____ Phone #: _____

Student Name: _____ Student ID: _____

Student Telephone#: _____ Student Email: _____

Starting Cohort _____

Appointment: Day _____ Date _____ Time _____

I understand and agree that in order to register for classes for the _____ Semester, I will attend the required number of meetings, _____, with my ACE IT Coach during the above Semester.

Student 's Signature _____ **Date:** _____

ACE it Coach or Representative _____ **Date:** _____

CC: Coach File
ACE it Office – J205

To Be Completed by ACE it Office

New Cohort		Changed in SIS	
Keyed in SS		FME Notified	