



# THE MASTER'S UNIVERSITY

DEPARTMENT of ACADEMIC AFFAIRS

## PASS Agreement

I have received and read my Program for Academic Support and Success (PASS) letter from the Provost at The Master's University. I am returning this signed agreement, which is part one of the two-step enrollment/return confirmation process.

1. I have **scheduled** my first Academic Counseling appointment with an academic counselor to fall within the first two weeks of school.
2. I have carefully read the paragraph in the Academic Catalog and Student Life Handbook regarding **Academic Probation** and will faithfully keep my regularly scheduled appointments throughout the semester. I will also be willing to consider the advice given by my academic counselor and academic advisor, professors, and staff members to help me in my efforts and goal to be removed from monitoring academic probation at the end of the semester.

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

TMU Email: \_\_\_\_\_ Home Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name (Please Print)

\_\_\_\_\_  
Student's Signature

**Please mail or scan signed completed agreement upon receipt to:  
academiccounseling@masters.edu**

The Master's University  
21726 Placerita Canyon Road  
Box 23  
Santa Clarita, CA 91321