

**GATEWAY PROGRAM
EASTERN ILLINOIS UNIVERSITY**

GATEWAY Agreement 2024-2025

Name _____ Student's Phone _____

Street Address _____

City, State, Zip _____

Parent/Guardian Name _____ Parent/Guardian Phone _____

Parent/Guardian Email _____

The terms listed below were developed for students admitted to Eastern Illinois University under the Gateway Program, a mandatory minimum one year program. For further information and policies regarding Gateway, go to:
<https://www.eiu.edu/advising/gateway.php>

These policies are designed to enhance a Gateway Student's academic success.

Each student will design a success plan with their Academic Advisor.

TERMS OF AGREEMENT

By signing this agreement, I understand that I must follow the terms as a condition of my admission to Eastern Illinois University and realize that my **continuation at the University depends upon my academic performance and compliance with these terms. Noncompliance may result in my dismissal from the University.**

GATEWAY REQUIREMENTS:

- Enroll as a full-time student in courses recommended by your Academic Advisor and **do not** change these courses without the approval of your Advisor.
- Enroll in EIU 1111: University Foundations during your first semester at EIU.
- Reside in campus housing for first two years.
- Postpone membership in any Greek Organizations during your first year at EIU.
- It is **mandatory** to attend all classes, meetings with your Academic Advisor, and participate in student success activities recommended by your Academic Advisor.
- If you fall below a 2.0 GPA in either of your first two semesters, you will continue to follow all of the Gateway Program requirements.
- If your GPA is below a 1.0 for any term, you may be dismissed and need to complete 12 credit hours and a 2.0 GPA at another institution before returning to EIU.

The Gateway Program reserves the right to change, add to, modify, or eliminate any of the above terms.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Academic Advisor Signature _____ Date _____

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AUTHORIZATION TO EXCHANGE OR REQUEST INFORMATION

Student information is confidential under the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. 1232g. Therefore, your authorization is necessary to permit (a) the release of information concerning your academic progress to your parent(s), guardian, or designee and (b) to seek information about your education records from teachers and other university officials.

The Authorization to Exchange/Request Information is for the above-stated purpose.

I, _____ hereby authorize the Gateway Program at Eastern Illinois University to contact either or both my parent(s)/guardian and teachers to exchange/request academic information.

I understand that this authorization is being used to allow my advisor and my parent(s)/guardian or teachers to communicate and work together.

I understand that I have a right to be told what information was exchanged.

I understand that this authorization will be valid until I am formally released from the Gateway Program.

Signature of Student

Date

Signature(s) of Parent(s)/Guardian(s)

Date

Signature of Academic Advisor

Date

Return to: Academic Advising Services
 Eastern Illinois University
 600 Lincoln Avenue
 Charleston IL 61920