



---

## PACK Expectations 2026-2027

Name \_\_\_\_\_ Student's Phone \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Phone \_\_\_\_\_  
Parent/Guardian Email \_\_\_\_\_

The expectations listed below were developed for students admitted to Eastern Illinois University under the Pathways to Achievement, Confidence, and Knowledge (PACK) Program, a mandatory minimum one-year program. For further information and expectations regarding PACK, go to: <https://www.eiu.edu/pack>.

These expectations are designed to enhance a student's academic success.

Each student will design an individual success plan with their Academic advisor.

By signing this form, 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 expectations. Noncompliance may result in my dismissal from the University.**

### PROGRAM EXPECTATIONS:

- Enroll in courses recommended by your Academic Advisor and **do not** change these courses without the approval of your Advisor,  
**AND**
- Enroll in EIU 1111: EIYOU – The Panther Experience during your first semester at EIU,  
**AND**
- Attend all classes and meetings with your Academic Advisor, participate in student success activities recommended by your Academic Advisor, earn a 2.0 GPA in the Fall and Spring semesters, and earn 20 credit hours for the academic year.  
**AND**
- If you fall below a 2.0 GPA in either of your first two semesters, you may have to continue to follow all the PACK Program expectations for a second year. If you go on Academic Warning, you are required to take EIU 2919.  
**AND**
- If your semester GPA is below a 1.0 at the end of any academic term, you may be dismissed and need to complete and transfer in at least 6 credit hours and a 2.00 GPA at another institution before returning to EIU.

The PACK Program reserves the right to modify any of the above expectations.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Academic Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_



## **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 PACK 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 PACK Program.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent(s)/Guardian(s)

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

Revised: June 12, 2026