

**P.A.C.K PROGRAM
EASTERN ILLINOIS
UNIVERSITY**

P.A.C.K Expectations 2025-2026

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 P.A.C.K Program, a mandatory minimum one-year program. For further information and expectations regarding P.A.C.K, go to: 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: University Foundations during your first semester at EIU,
AND
- Attend all classes, and meetings with your Academic Advisor, and participate in student success activities recommended by your Academic Advisor, and attain a 2.0 GPA in the Fall and Spring semesters and attain 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 P.A.C.K Program expectations for a second year. If you go on Academic Warning you are required to take EIU 2919.
AND
- If your cumulative GPA is below a 1.0 at the end of the academic year, 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 P.A.C.K Program reserves the right to modify any of the above expectations.

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 P.A.C.K 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 P.A.C.K 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