STUDENT ACKNOWLEDGEMENT

DATE:   COLLEGE:

STUDENT NAME   STUDENT ID:

MAPP MAJOR:

PLAN CODE:   MAPP SUB-PLAN CODE:

START TERM:   PROJECTED COMPLETION TERM:

<table>
<thead>
<tr>
<th>NEW MAPP</th>
<th>CHANGING MAPP MAJOR</th>
<th>CHANGING FROM EXPLORATORY PATHWAY</th>
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</thead>
</table>

I understand the terms of the Maricopa-ASU Pathways Program (MAPP) for transferring from a Maricopa Community College to Arizona State University. Specifically, I have met with an advisor and understand the following:

- The MAPP course requirements, GPA and special requirements for completing the MAPP.
- The four-year time limit for completing the MAPP beginning with the term you enter into the MAPP.
- The incentives for satisfactory completion of the MAPP requirements.
- That you are subject to all policies, rules, and conditions of each institution in which you are enrolled during any given semester.

FERPA Statement:
The federal Family Educational Rights and Privacy Act (FERPA) of 1974 protects the privacy of student educational records, including transcripts, by placing certain restrictions on the disclosure of that information. As a result, your written authorization is required in order for the Maricopa Community Colleges and Arizona State University to release your educational records to each other for the purpose of providing admission, credit evaluation, academic counseling, financial aid, and other services. All educational records are released subject to the confidentiality provisions of appropriate state and federal laws and regulation. All information may be retained in the records of both systems.

Authorization:
- I authorize the release of my academic records between the Maricopa Community Colleges and Arizona State University without prior notice and understand that my academic records will be maintained by both institutions.
- I understand that I have the right to rescind this authorization at any time by notifying both institutions in writing of my decision.
- I understand that such revocation will not affect any disclosures previously made before receipt of any such written revocation.
- If it is appropriate to award an associate degree, my signature below gives permission to the community college to award the degree and notify me of the results without further intervention on my part.

__________________________________________  ________________
Student Signature                        Date

__________________________________________  ________________
Advisor Signature                        Date