



# University of Wisconsin–Madison Four-Year Graduation Agreement

The University of Wisconsin–Madison makes a structured study option available to entering freshmen that provides a limited guarantee for graduation within four calendar years of initial enrollment. The study option is officially titled the University of Wisconsin–Madison Four-Year Graduation Agreement. The conditions and obligations associated with the Agreement appear in the UW–Madison Four-Year Graduation Agreement Protocol, and in addenda to the Protocol that have been adopted by the various schools and colleges.

By the signatures entered below, the student and the University of Wisconsin–Madison agree to the student's enrollment in the Four-Year Graduation Agreement. Both the student and the University of Wisconsin–Madison agree to meet the conditions and obligations set forth in the UW–Madison Four-Year Agreement Protocol, as well as those set forth in any addenda adopted by the schools and colleges of the student's major(s). The University of Wisconsin–Madison reserves the right to make operational changes in the Agreement and Protocol. Such changes will be incorporated into this Agreement upon written notice of the changes to the student.

## Student

I am an entering freshman at the University of Wisconsin–Madison and I have participated in the Student Orientation, Advising, and Registration (SOAR) program and the Four Year-Graduation Agreement orientation program. I have received and read the Four-Year Graduation Agreement Protocol (and addenda, if applicable), and understand and accept its provisions and requirements.

***I agree to follow the procedures and requirements of the Protocol.***

Name of Student \_\_\_\_\_

Campus e-mail Address \_\_\_\_\_

Intended Major(s) \_\_\_\_\_

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

## Advisor

I verify that the student can complete the course work for the intended major in four calendar years if the student meets the requirements of the Agreement and Protocol.

Name of Advisor \_\_\_\_\_

Signature of Advisor \_\_\_\_\_ Date \_\_\_\_\_

## University

On behalf of the University of Wisconsin–Madison, I agree that the University will provide the services and remedies described in the Four-Year Graduation Agreement Protocol, provided the student fulfills the provisions and requirements of the Protocol.

\_\_\_\_\_  
Date \_\_\_\_\_

**Sarah C. Mangelsdorf**  
*Provost and Vice Chancellor for Academic Affairs*  
**University of Wisconsin–Madison**