

Academic Success Plan

Complete this assessment, print it and be prepared to discuss these topics with your academic advisor. You must bring this document to the meeting with your academic advisor. The goals of the meeting with your advisor include:

- Evaluating current class schedule and making changes as needed,
- Identifying obstacles from the previous semester that impacted your academic success,
- Identifying resources that could assist you in meeting your goals,
- Building a strong relationship between you and your academic advisor.

Student Name:	Student ID:
Advisor Name:	Major/Minor:

Plan of Action

Think about a plan of action for getting the semester off to a strong start. Include meetings with your advisor & instructors, tutoring, and other resources. Discuss this plan with your advisor who can offer additional ideas.

	GOAL	ACTION PLAN (dates, follow-up meetings, etc.)	AVAILABLE RESOURCES (tutoring, professors office hours)
1.			
2.			
3.			
4.			

*Keep a copy of this assessment for future advisor meetings.

I, _____, am committed to increasing my academic performance by (list term) _____. I will check in with my advisor on (list agreed upon date and time) _____ to update him/her of my progress. I will commit to asking for help if I need it. It is my goal to be the best student that I can be. By signing this form, I recognize that I have stated my intentions and plan on acting in a positive way to accomplish my stated academic goals.

Signature _____

Date _____