



Academic Success Action Plan

This plan will help you reflect on the concerns you have regarding your academic progress, and will help you to set actionable goals for yourself. We encourage you to meet with a counselor or your advisor to discuss this plan; s/he will be able to provide you with recommendations and referrals.

Name: _____ Student ID: _____

Current GPA: _____ Goal GPA: _____ Academic Probation or Exclusion? _____

Email: _____ Cell Phone: _____

May we text you? Yes No

AREA(S) OF CONCERN/ISSUE:

- 1. _____
2. _____
3. _____

RESPONSIBILITY: Who/What was responsible for the issue?

- 1. _____
2. _____
3. _____

WHAT IS THE NEW GOAL:

- 1. _____
2. _____
3. _____

Table with 5 columns: Action Steps, Resources, Timeline, Potential Barriers, Advisor Recommendation. Row 1 contains a '1.' in the first column.

| | | | | |
|----|--|--|--|--|
| 2. | | | | |
| 3. | | | | |

SUCCESS: How will you know that you are making progress?

1. _____
2. _____
3. _____

OUTCOMES: The following outcomes will result from ACHIEVING my desired goal(s):

1. _____
2. _____
3. _____

OUTCOMES: The following outcomes will result from NOT ACHIEVING my desired goal(s):

1. _____
2. _____
3. _____

EVALUATION PROCESS: How will you know that your goal has been reached?

1. _____
2. _____
3. _____

ACCOUNTABILITY: It is your responsibility to hold yourself accountable to this plan. Your advisor or counselor can meet with you to discuss your strategies and how well they are working.

I will meet with _____ to evaluate my progress on: _____.

Student Signature _____ Date _____

Academic Advisor's Signature _____ Date _____