

## Academic Improvement Plan

**NAME:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Year \_\_\_\_\_ Academic Restriction: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Test Scores: READING \_\_\_\_\_ MATH \_\_\_\_\_ ENGLISH \_\_\_\_\_

My Long-Term Goal is: \_\_\_\_\_

**Complete the following and bring to appointment with Advisor**

Factors that contributed to my current academic status are: *(Check all that apply)*

<input type="checkbox"/> Working too much / Work Conflict	<input type="checkbox"/> Taking too many Classes	<input type="checkbox"/> Health Problems
<input type="checkbox"/> Personal / Family Problems	<input type="checkbox"/> Lack of Motivation	<input type="checkbox"/> Poor Study Habits
<input type="checkbox"/> Class Attendance	<input type="checkbox"/> Difficulty Buying Book	<input type="checkbox"/> Child Care
<input type="checkbox"/> Poor Communication with Instructors	<input type="checkbox"/> Course Selection	<input type="checkbox"/> Disability
<input type="checkbox"/> Career Goals Unclear	<input type="checkbox"/> Financial Difficulties	<input type="checkbox"/> Need Tutoring
<input type="checkbox"/> Lack of Computer Skills	<input type="checkbox"/> Transportation	<input type="checkbox"/> Time Management
<input type="checkbox"/> Text Anxiety	<input type="checkbox"/> Distractibility	<input type="checkbox"/> Procrastination
<input type="checkbox"/> Self-Discipline	<input type="checkbox"/> Support Network	<input type="checkbox"/> Organization Skills

**To overcome my challenges, I commit to the following actions:** *(to be completed with Advisor)*

**Challenge #1:** \_\_\_\_\_

Steps to overcome challenge: \_\_\_\_\_

**Challenge #2:** \_\_\_\_\_

Steps to overcome challenge: \_\_\_\_\_

**Challenge #3:** \_\_\_\_\_

Steps to overcome challenge: \_\_\_\_\_

**I hereby agree to the terms of this academic improvement plan:**

\_\_\_\_\_  
Student

\_\_\_\_\_  
Advisor / Date