Student Academic Success Plan

Student Name ___________________________ Course ___________________________ Date ____________

To be completed by student:

Have you been attending this course regularly? ☐ Yes ☐ No

Are all lab/homework assignments turned in and on time? ☐ Yes ☐ No

How many hours per week do you study for this course? ☐ 1-5 ☐ 6-10 ☐ 11+

A student’s key to success is based on having the proper classroom materials. Have you received or purchased all of the items required? ☐ Yes ☐ No

Have you visited with your professor about your class work? ☐ Yes ☐ No

Services in the Academic Resource Center (ARC) are available to all students. Have you tried using the services available to you? ☐ Yes ☐ No

Explain: What can YOU do to achieve success in this course?

To be completed by instructor and student:

Instructor and Student Academic Success Plan

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

Student Signature ___________________________ Instructors Signature ___________________________

Advisor Signature ___________________________

Complete and return to Tina Johns, Director of Student Academic Success, Murphy Center 335.