

# STUDENT ACADEMIC SUCCESS PLAN



Prior to reviewing the Student Academic Success Plan, please have the student complete the following information.

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Course \_\_\_\_\_ Date \_\_\_\_\_

Have you been attending this course regularly?

Are all lab/homework assignments turned in and on time?

Do you understand the lab/homework assignments given in this course?

How many hours per week do you study for this course?

A student's key to success is based on having the proper classroom materials. Have you received or purchased all of the items required?

Student Support Services is available to all students. Have you tried to contact that office?

Explain: What can **you** do to achieve your career goals in this course and program area?

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**Instructor and Student Academic Success Plan, completed by the instructor and the student.**

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Student Signature \_\_\_\_\_ Improvement Date \_\_\_\_\_

Instructor Signature \_\_\_\_\_ Course Withdrawal Date \_\_\_\_\_