

**CENTER FOR STUDENT SUCCESS**  
**Academic Improvement Plan**

**Name:** \_\_\_\_\_ **SID#:** \_\_\_\_\_

**Campus Address:** \_\_\_\_\_ **Campus Phone:** \_\_\_\_\_

**Other Phone:** \_\_\_\_\_ **Major:** \_\_\_\_\_

*(circle one)*  
**Spring / Fall:** 20\_\_\_\_  
**Cumulative GPA:** \_\_\_\_\_ **Major GPA:** \_\_\_\_\_

**List courses in which you received a “D” and/or “F”:**

Course	Grd	Course	Grd	Course	Grd

**Make a brief statement explaining any F’s and/or D’s:**

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**Please list your schedule of classes for this semester:**

Course	Time	Course	Time

**Plan of Action for the semester:**

\_\_\_\_\_ **Weekly meetings with CSS**

\_\_\_\_\_ **Library Study Hours**

\_\_\_\_\_ **Meetings with Professor(s)**

\_\_\_\_\_ **Tutoring**

\_\_\_\_\_ **Study Groups**

\_\_\_\_\_ **Assistant Dean**

**What behaviors/academic strategies worked well for you last semester? Please list and briefly describe.**

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**What behaviors/academic strategies did not work well for you last semester? Please list and briefly explain why.**

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**What do you see as your greatest challenge(s) this semester?** *(i.e., heavy course load, balancing job with schoolwork, commuting to campus, etc.)*

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**How do you plan on addressing the above “challenge(s)”?**

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**Student’s Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**CSS Supplemental Advisor’s Signature** \_\_\_\_\_

**Department Chair / Assistant Dean’s Signature** \_\_\_\_\_