



### Suspension & Probation - Plan for Success Worksheet

Banner ID : @ \_\_\_\_\_ Student 's Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Semester: \_\_\_\_\_

Program of Study/Major: \_\_\_\_\_ Faculty Advisor: \_\_\_\_\_

#### SECTION I: Must be complete prior to meeting with Advisor

CHALLENGES— Briefly explain the reasons you are facing academic difficulty (Ex: Health, Financial, Family Crisis, Time Management) If you are working please include the number of hours per week.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RESOURCES— What is your plan to achieve good academic standing

\_\_\_\_\_  
\_\_\_\_\_

#### SECTION II: This portion of the worksheet must be completed with an Academic Advisor

### PLAN FOR SUCCESS

Personal Counseling <input type="checkbox"/>	Library Usage <input type="checkbox"/>	Academic Support Center (Tutoring) <input type="checkbox"/>
Career Services Center <input type="checkbox"/>	Accessibility/Disability Services <input type="checkbox"/>	Freshman Seminar (Study Skills, College Readiness) <input type="checkbox"/>
Academic Advising <input type="checkbox"/>	Student Activities <input type="checkbox"/>	Other _____

Advisor Notes: \_\_\_\_\_

### STUDENT ACKNOWLEDGEMENT

I UNDERSTAND THAT:

- I must meet ALL requirements agreed upon in the Academic Plan for Success Worksheet in order to reach good academic standing.
- Failure to meet the terms of the academic plan might jeopardize my ability to qualify for Financial Aid and register for classes.
- I must make a best effort to access the resources suggested to aid in my success.

### CERTIFICATION

Sign below agreeing that you understand the aforementioned conditions.

Student Signature: _____	Date: _____
Advisor Signature: _____	Date: _____