Student Success Plan

Name: __________________________ KSU ID number: __________________________

KSU email: __________________________ Local phone: __________________________

☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Probation ☐ 1st Dismissal
☐ 2nd Dismissal ☐ Reinstated

Institutional Grade Point Average ____________

Self-Assessment

Please rank each area using the following scale:

5…Great Strength/Never a Problem
4…Strong Point/Not usually a Problem
3…Neutral
2…Needs Improvement/Occasionally a Problem
1…Significant Weakness/Big Problem

Motivation 5 4 3 2 1
Time management 5 4 3 2 1
Study skills 5 4 3 2 1
Stress management 5 4 3 2 1
Test taking 5 4 3 2 1
Reading/Writing skills 5 4 3 2 1
Learning disability 5 4 3 2 1
Financial concerns 5 4 3 2 1
Illness or injury 5 4 3 2 1
Depression 5 4 3 2 1
Homesickness 5 4 3 2 1
Lack of sleep 5 4 3 2 1
Stress or anxiety 5 4 3 2 1
Memory skills 5 4 3 2 1
Procrastination 5 4 3 2 1
Concentration 5 4 3 2 1
Absences 5 4 3 2 1
Understanding course material 5 4 3 2 1
Confidence about current major/Career goals 5 4 3 2 1
Alcohol or substance abuse 5 4 3 2 1
Personal relationships 5 4 3 2 1
Housing/roommate 5 4 3 2 1
Extra-curricular obligations 5 4 3 2 1
Family 5 4 3 2 1

Are you the first in your family to attend college?
Yes ☐ No ☐

Are you currently employed?
Yes ☐ No ☐

If yes, how many hours per week do you work?
0-10 hrs. ☐ 11-20 hrs. ☐ 21-30 hrs. ☐ 31-40 hrs. ☐

How often do you use tutoring, help sessions or other learning assistance support?

☐ Often ☐ Occasionally ☐ Not often ☐ Never

List any specific supports you have used:
________________________________________________________________________
________________________________________________________________________

How often do you meet with your professors for assistance, inquire to solve problems, explain issues/questions, discuss current class standing or just to get to know them?

☐ Often ☐ Occasionally ☐ Not often ☐ Never

ADVISOR NOTES: __________________________________________________________________
________________________________________________________________________
Please complete the following:

**Resources for student success**
Please place a check next to the resources that you will utilize to aid in your academic success at KSU:

- [ ] Professor office hours
- [ ] Extra help sessions
- [ ] Tutoring (Adult & Commuter Affairs Center, ESL Center, Foreign Language Resource Collection, SMART Center, Supplemental Instruction, Writing Center)
- [ ] Student support services (Counseling and Psychological Services, Multicultural Student Affairs, Student Disability Services, Women’s Resource Center)
- [ ] Peer Mentoring (Odyssey Peer Mentoring Program)
- [ ] Follow up with Academic Advisor
- [ ] Other: _____________________________________________________________
  _____________________________________________________________

**My goals for a successful semester**
Please indicate three goals that will assist you with your success this semester and beyond:

**Goal 1:** _____________________________________________________________
  _____________________________________________________________

**Goal 2:** _____________________________________________________________
  _____________________________________________________________

**Goal 3:** _____________________________________________________________
  _____________________________________________________________

*I understand that I (the student) am responsible for my academic success at Kennesaw State University. I must maintain a 2.0 institutional GPA to be in good academic standing.*

Student Signature: ___________________________ Date ______/______/______

Advisor Signature: ___________________________ Date ______/______/______