Student Success Plan

Name: ________________________  KSU ID number: ________________________

KSU email: ________________________  @students.kennesaw.edu  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 / / 