



**ACADEMIC PLAN SUPPLEMENTAL DOCUMENT**

A student is expected to fulfill the academic plan minimum GPA and minimum completion rate requirements in the upcoming semesters to remain on probation. To enhance the student’s performance, target grades for each course being taken in this semester is determined by the student and advisor:

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
 Major: \_\_\_\_\_ Probation Term: \_\_\_\_\_

*Please answer the following questions:*

- On average, approximately how many hours per week did you study last semester? \_\_\_\_\_
- On average, approximately how many hours per week do you intend to study this semester? \_\_\_\_\_
- On average, approximately how many hours per week did you work last semester? \_\_\_\_\_
- On average, approximately how many hours per week do you intend to work this semester? \_\_\_\_\_

*Please, indicate all challenges that have affected your academic performance:*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Class Attendance                | <input type="checkbox"/> Note Taking                           | <input type="checkbox"/> Study Habits        |
| <input type="checkbox"/> Difficulty Adjusting to College | <input type="checkbox"/> Possible Learning Disability          | <input type="checkbox"/> Time Management     |
| <input type="checkbox"/> Difficulty of Courses           | <input type="checkbox"/> Reading Comprehension/Speed           | <input type="checkbox"/> Stress              |
| <input type="checkbox"/> Employment Commitments          | <input type="checkbox"/> Family/Relationship Issues            | <input type="checkbox"/> Social Distractions |
| <input type="checkbox"/> Illness/Health Concerns         | <input type="checkbox"/> Lack of Interest in Courses           | <input type="checkbox"/> Writing/Composition |
| <input type="checkbox"/> Test Taking/Test Preparation    | <input type="checkbox"/> Computer Proficiency                  | <input type="checkbox"/> Living Arrangements |
| <input type="checkbox"/> Motivation/Procrastination      | <input type="checkbox"/> Personal Finances/Educational Funding |  |

*List all courses you enrolled/plan to enroll in for this semester:* Semester: \_\_\_\_\_ Target GPA: \_\_\_\_\_

Course Number	Course Title	Cr.	Realistic Target Grade	Repeat
			A/ B/ C/ D/ P	Y/N
			A/ B/ C/ D/ P	Y/N
			A/ B/ C/ D/ P	Y/N
			A/ B/ C/ D/ P	Y/N
			A/ B/ C/ D/ P	Y/N

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_