

# MSE ACADEMIC SUCCESS PLAN

STUDENT NAME:	STUDENT ID#:	DATE:
PURPOSE FOR SUCCESS PLAN:		

**What academic goals and what grade do you want to achieve for this class this term?**

- 1.
- 2.
- 3.

**What factors or resources will enable you to achieve these goals?**

- 1.
- 2.
- 3.

**What challenges do you need to overcome?**

- 1.
- 2.
- 3.

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## Achievement Coach Meeting Notes

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- Regular Class attendance (no more than 3 absences) Attend all classes.
- Work with a tutor \_\_\_\_\_ X/week
- Meet with Instructor \_\_\_\_ X/month
- Meet with Achievement Coach \_\_\_ X/month
- Limit class enrollment to \_\_\_\_\_ credit hours for \_\_\_\_\_ upon your return and possible into the second term
- Limit employment to \_\_\_\_\_ hours/wk this term
- Utilize Disability Resource Center
- Focus on Academic Excellence Skills (attend workshops or one-on-one sessions with Achievement Coach)
  - Study skills
  - Time Management
  - Learning Styles
  - Note Taking
  - Test Taking/Test Anxiety
  - Wellness
- Other:
- Other:

## COMMENTS:

I am committed to use this plan for the \_\_\_\_\_ term of \_\_\_\_\_.

I agree to amend this plan as necessary only in consultation with my Achievement Coach.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Achievement Coach Signature

\_\_\_\_\_  
Date