

Individual Academic Success Plan

Student Name: _____ Email: _____
College: _____ Dept: _____ Academic Year: FY SO JR SR
Semester of Plan Implementation: _____
Advisor: _____ Email: _____

Academic Self Assessment:

Strengths

Growth Areas

Academic Action Plan:

- I agree to maintain communication with my advisor throughout the semester in order to set academic goals, identify university programs and resources, and monitor my academic progress.
- I will attend all class meetings and recitations for the courses for which I am enrolled.
- I will meet with each of my faculty members during designated office hours to clarify concepts/homework assignments and/or to discuss my progress in their course.
- I will meet with my academic advisor at least twice during the semester to discuss my academic progress.
- I will participate in the following workshops offered by the Student Academic Success Center (SASC) as discussed with my advisor (as available):
 - Getting Off on the Right Foot
 - Time Management
 - Exam Prep
 - Finishing Strong
- I will participate in Supplemental Instruction for all relevant courses during the semester.
- I will utilize an Academic Coach offered by the SASC as discussed with my advisor.

- I will utilize Peer Tutoring offered by SASC as discussed with my advisor.
- I will meet with a Career Consultant in the CPDC to discuss my academic and career goals and to access appropriate professional development tools. The MCS Career Consultants are Rachel Rosenfeld and Anne Marie DeGeorge.
- I understand the role that a balanced life can play in enhancing my academic success at Carnegie Mellon and toward that end I will engage in just the following campus activities:

- I have identified my support network and the role that they play in my success at Carnegie Mellon. My network includes the following people (family, friends, advisors, instructors, etc.):

Additional Strategies:

- In the next week, I will contact the SASC to set up an intake appointment.
- I will take the **Strong Interest Inventory** and discuss the results with my Career Consultant.
- I will contact a care provider at UHS to discuss health concerns that I have.

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- I understand the contents of this Academic Success Plan and agree to continue to meet with my advisor and complete the specific action items outlined in this plan.

OR

- I have met with my academic advisor and understand the contents of this Academic Success Plan but have decided not to pursue the strategies and resources outlined in the plan.

Student Signature _____

Date _____

Point Person Signature _____

Date _____

Associate Dean Signature _____

Date _____