

Student Contract for Academic Improvement

Student Name: _____ UID:

Class _____ Professor _____ Date _____

Nature of Professor's concern:

Attendance Failed exams or homework Missed exams or homework

Other: _____

Grade I think I'm currently getting in the course: _____ Grade I'd like to get: _____

BARRIERS TO MY ACADEMIC SUCCESS:

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Poor time management <input type="checkbox"/> Not keeping up with reading or not remembering what I read <input type="checkbox"/> Incomplete lecture notes | <input type="checkbox"/> Poor grades on tests in spite of hours spent preparing <input type="checkbox"/> Poor class attendance <input type="checkbox"/> Health/personal concerns |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

COURSE OF ACTION:

| Service | Resource | (Check those to be used) |
|---------------------------------------|----------------------------------------------------------------------|--------------------------|
| • Time Management | Educational Support Program, 217 Mitchell, 678-2704 | _____ |
| • Tutoring | Educational Support Program, 217 Mitchell, 678-2704 | _____ |
| • Writing | English Learning Center (ELC), 225 Patterson, 678-2059 | _____ |
| • Study Skills (note taking, reading) | Educational Support Program, 217 Mitchell, 678-2704 | _____ |
| • Disabilities | Student Disability Services, 110 Wilder Tower, 678-2880 | _____ |
| • Learning Disability | Student Disability Services, 110 Wilder Tower, 678-2880 | _____ |
| • Counseling | Career & Psychological Counseling, 214 Wilder, 678-2068 | _____ |
| • Health Consultation/Evaluation | Student Health Services, Hudson Health Center, 678-2287 | _____ |
| • Adjustment Issues | Career & Psychological Counseling, 214 Wilder, 678-2068 | _____ |
| • Student Involvement/Life Issues | Dean of Students Office, 800 Wilder Tower, 678-2187 | _____ |
| • Academic Motivation/Direction | Academic Advising: _____ | _____ |
| • Career Direction | Career Counseling (Exploration), 214 Wilder, 678-2068 | _____ |
| | Career Services (Internships/Job Search), 400 Wilder Tower, 678-2239 | _____ |
| • Other: _____ | _____ | _____ |
| • Other: _____ | _____ | _____ |
| • Other: _____ | _____ | _____ |

Date by which I will implement plan: _____

I hereby agree to abide by the terms of this improvement plan:

| | | |
|-------------------|----------|------|
| Student Signature | U UID | Date |
|-------------------|----------|------|

| | | |
|---------------|---------------------|---------------------|
| Email Address | Phone Number (Home) | Phone Number (Cell) |
|---------------|---------------------|---------------------|

Advisor Signature

