Course Success Action Plan

Student Name: __________________________________________ CWID: ____________
Academic Advisor: __________________________________________ Date: ____________
Course Title: __________________________________________ Course #: ____________
Instructor: __________________________________________ Term: ____________

My Course Concerns:

☐ Missed class sessions  ☐ Miscommunication with instructor
☐ Technological difficulties  ☐ Missing or incomplete assignments
☐ Difficulty with course material/concepts  ☐ Unsatisfactory grades on assignments
☐ Difficulty with quizzes or exams  ☐ Difficulty with written assignments/essays
☐ Other: ____________________________________________________________

My Upcoming Assignments:

1. __________________________________________ Due: ____________
2. __________________________________________ Due: ____________
3. __________________________________________ Due: ____________
4. __________________________________________ Due: ____________
5. __________________________________________ Due: ____________
6. __________________________________________ Due: ____________
7. __________________________________________ Due: ____________
8. __________________________________________ Due: ____________
9. __________________________________________ Due: ____________
10. __________________________________________ Due: ____________
My Areas for Improvement & Strategies for Success:
(ex: better time management, study hall and tutoring, working one-on-one with instructor)

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My Campus Resources:

- Academic Support Center – tutoring or study hall
  *Bldg 32, Suite B-103*

- SmartThinking Online Tutoring
  *via Blackboard*

- Counseling & Student Development Center
  *Bldg 39, Rm 120*

- ASC Workshops
  *locations vary*

- Instructor Office Hours
  *see Course Syllabus*

- Disability Resource Center
  *Bldg 44, Rm*

My Advising Check-In Schedule:

- Weekly
- Morning (9 am – 12 pm)
- Afternoon (12 - 4 pm)
- Evening (4-7 pm)

- Bi-Weekly
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

*I understand that this action plan is individually tailored to help me map out strategies for success in the above course. I understand that my success will be dependent on my commitment to following through with the above recommendations made by my Academic Advisor.*

__________________________________________________________________________

Student Signature

Date