# SECTION I: STUDENT INFORMATION

Student Name:       Student Number N:

Phone Number:       Alternate Number:       E-Mail Address:      @mynsu.nova.edu

# SECTION II: ACADEMIC STANDING HISTORY

# SECTION III: ACADEMIC STANDING PLAN

|  |  |  |  |
| --- | --- | --- | --- |
|  | **1st Semester** | **2nd Semester** | **3rd Semester** |
| Semester Code: |  |  |  |
| Credit Hour Limit: |  |  |  |
| Minimum overall GPA by end of semester: |  |  |  |
| Minimum Grade(s) to be earned for each course: |  |  |  |
| Repeating a course: | Choose an item. | Choose an item. | Choose an item. |
|  |  |  |  |
| Semester Course Plan: |  |  |  |

# SECTION IV: STUDENT SUCCESS PLAN

***I understand that I am entering into a Student Success Plan with the Office of Academic Advising. I am aware that learning is my responsibility and that the Office of Academic Advising will provide me with the necessary skills and resources to improve my academic success. I am willing to commit time and effort towards my academic progress. I understand that failure to comply with any part of this plan may be used in future decisions regarding my enrollment at NSU.***

***Please state below how you plan to regain good academic standing. You may also use this section of your plan to identify any possible barriers that can be discussed with your academic advisor.***

## DEVELOPING COURSE GOALS

Using the “SMART” format, create a goal to work toward for each course this term / semester. Please put some thought into the action steps and accountability measures, as they can go a long way in supporting your work toward these goals over time.

**S***pecific* **M***easurable* **A***ttainable* **R***elevant* **T***ime-bound*

|  |  |  |  |
| --- | --- | --- | --- |
| **Course** | **Goal** | **ACTION STEPS** | **Accountability Measure** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## NEXT STEPS

Implement the plan! Now that you have created it, put your Success Plan into action! Strive to achieve your course goals and utilize the resources recommended by your advisor to do so.

Discuss your plan with your support network. Your advisor is here to support you while you implement this plan and work your way toward returning to good academic standing. Are there others with whom you would like to share your plan? Reach out to them! Involving friends, family, and/or colleagues in your work toward academic goals can be a great way to elicit additional support, encouragement, and accountability!

## FOLLOW-UP APPOINTMENT

Your next advising session to discuss your progress will be on Click or tap to enter a date at enter time and select a.m. or p.m. EST.

Before my follow-up appointment, I will:

1.

2.

3.

# SECTION V: ACADEMIC ADVISING RECOMMENDATIONS

***Note: The number of recommendations and/or referrals is dependent on the individual student needs. Decisions are made by the academic advisor in cooperation with the student, and may be modified depending on the student needs and progress.***

Student name:

\*Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Advisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Receipt of the Huizenga Student Success Plan from the student’s NSU e-mail account serves as an electronic signature.**