



Texas A&M International University

Student Self-Assessment

The Student Self-Assessment is a key part of your academic reinstatement appeal and will be reviewed by your Intervention Specialist and Department Chair. This assessment helps evaluate the challenges that led to your academic standing and guides the development of your action plan. Please read each section carefully and provide detailed and thoughtful responses.

Name:	Phone Number:	TAMIU Email:	Reinstatement Term:
TAMIU ID:	Major:	Minor/Concentration:	Classification:

I CHOOSE to pursue my degree because...

I BELIEVE success in my major requires...

I PREPARE for my future career by...

Were you employed this semester? Yes No Partially

If yes, how many hours per week? 1-19 20-29 30-40 40+

Was your job on-campus or off-campus? On-Campus Off-Campus Both

Did your work schedule impact your academic performance? Yes No Partially

In reflecting on your academic performance, identify the obstacles that impacted your grades.
Disclosure of personal information is optional.

Personal/Wellness	Family/Social Adjustment
<input type="checkbox"/> Personal financial concerns <input type="checkbox"/> Mental health <input type="checkbox"/> Health issues <input type="checkbox"/> A sudden or traumatic event <input type="checkbox"/> Substance use or dependency <input type="checkbox"/> Chronic illness or physical/mental disability <input type="checkbox"/> Difficulty sleeping <input type="checkbox"/> Pressure, stress, anxiety, or tension <input type="checkbox"/> Responsibility outside of academics <input type="checkbox"/> Transportation or commute difficulties	<input type="checkbox"/> Family financial concerns <input type="checkbox"/> Family or academic expectations <input type="checkbox"/> Primary financial provider for family <input type="checkbox"/> Caregiver for household/family members <input type="checkbox"/> Divorce, separation, or family conflict <input type="checkbox"/> Interpersonal violence or abuse <input type="checkbox"/> Loss of a loved one or close friend <input type="checkbox"/> Homesickness <input type="checkbox"/> Adjustment to college life <input type="checkbox"/> Difficulty making friends or loneliness
Academic/Skills	Major/Career
<input type="checkbox"/> Limited access to study areas <input type="checkbox"/> Ineffective study skills <input type="checkbox"/> Poor time management skills <input type="checkbox"/> Unprepared for exams <input type="checkbox"/> Did not attend/skipped class <input type="checkbox"/> Unprepared for course level <input type="checkbox"/> Registered for too many courses <input type="checkbox"/> Difficulty communicating with professors <input type="checkbox"/> Difficulty concentrating or distractions <input type="checkbox"/> Struggles with online learning or technology	<input type="checkbox"/> Uncertainty about major/field of study <input type="checkbox"/> Unclear direction or goals <input type="checkbox"/> Changed major one or more times <input type="checkbox"/> Difficulty finding help or resources <input type="checkbox"/> Little or no motivation
	Other (Please Describe):

Select the resources you used this semester and are planning to use.

	Previously Used	Planning to use		Previously Used	Planning to use
Academic Advising	<input type="checkbox"/>	<input type="checkbox"/>	Veteran Services	<input type="checkbox"/>	<input type="checkbox"/>
ACE Academic Support	<input type="checkbox"/>	<input type="checkbox"/>	Student Engagement Services	<input type="checkbox"/>	<input type="checkbox"/>
Office Hours	<input type="checkbox"/>	<input type="checkbox"/>	Housing Services	<input type="checkbox"/>	<input type="checkbox"/>
Disability Services	<input type="checkbox"/>	<input type="checkbox"/>	Dusty Food Pantry	<input type="checkbox"/>	<input type="checkbox"/>
Counseling Services	<input type="checkbox"/>	<input type="checkbox"/>	SOLE	<input type="checkbox"/>	<input type="checkbox"/>
Health Services	<input type="checkbox"/>	<input type="checkbox"/>	Recreational Sports	<input type="checkbox"/>	<input type="checkbox"/>
Career Services	<input type="checkbox"/>	<input type="checkbox"/>	Killam Library	<input type="checkbox"/>	<input type="checkbox"/>
Financial Aid Services	<input type="checkbox"/>	<input type="checkbox"/>	Computer Labs	<input type="checkbox"/>	<input type="checkbox"/>

Answer the following questions in complete sentences, providing detailed and reflective responses.

Elaborate on the challenges or circumstances that impacted your academic performance.

What concrete commitments will you make to ensure consistent academic performance next semester, and how will you monitor your progress?

Is there anything else that you wish the committee to be aware of?

Student Agreement

I confirm that I have completed my self-assessment to the best of my ability and understand my college will review my progress at the end of the semester. I acknowledge that my academic standing will be determined by the following criteria:

- ➔ Achieving an Institutional GPA of **2.0 or higher** returns the student to **“Good Standing”** status
- ➔ Failing to achieve an Institutional GPA of 2.0 but showing **significant efforts to improve** results in remaining on **“Continued Probation/Suspension”** status
- ➔ Failing to achieve an Institutional GPA of 2.0 and **not demonstrating efforts to improve** could lead to **suspension** from the university

- I agree to meet with my assigned Intervention Specialist to review my reinstatement conditions and develop a personalized Student Achievement Plan.
- I agree to attend three to five meetings with my Intervention Specialist throughout the semester to discuss my progress and receive guidance.
- I agree to monitor my Dusty email regularly and take full responsibility for staying informed of deadlines, communications, and academic responsibilities.
- I agree to attend class regularly, participate in lectures, review course syllabi, monitor assignment and exam deadlines, and attend review sessions when available.
- I agree to seek academic support when needed by meeting with professors during office hours and utilizing tutoring services.
- I agree to study _____ hours per week outside of class and will actively develop my study skills throughout the semester.
- Additional Actions: _____

I acknowledge that failure to meet these terms may impact my academic status and result in additional interventions.

Student Signature

Intervention Specialist Signature

Date

Date