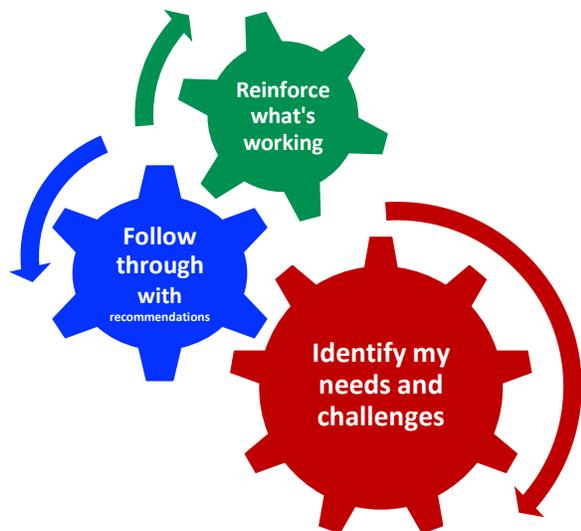


# My Academic Achievement Plan

<b>Name:</b>	<b>GPA:</b>	<b>Term:</b>
<b>ID:</b>	<b>Academic Standing:</b>	<b>Major/Minor:</b>
<b>Best contact telephone:</b>	<b>Email: (Dusty)</b>	<b>Classification: (status, programs)</b>



**Obstacles/challenges I am experiencing:**

**I would like to discuss ...**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Academic advising          | <input type="checkbox"/> Early Alert          | <input type="checkbox"/> Repeating a course                  |
| <input type="checkbox"/> Campus jobs                | <input type="checkbox"/> Failing a class      | <input type="checkbox"/> Social-emotional well-being         |
| <input type="checkbox"/> Coping with classes        | <input type="checkbox"/> Final exam           | <input type="checkbox"/> Stress management                   |
| <input type="checkbox"/> Career services            | <input type="checkbox"/> Financial Aid        | <input type="checkbox"/> Studying strategies                 |
| <input type="checkbox"/> Changing major             | <input type="checkbox"/> Graduation timeline  | <input type="checkbox"/> Test anxieties                      |
| <input type="checkbox"/> Class schedules            | <input type="checkbox"/> Lacking motivation   | <input type="checkbox"/> Time management                     |
| <input type="checkbox"/> Class attendance           | <input type="checkbox"/> Midterm/Final grades | <input type="checkbox"/> Transferring to another institution |
| <input type="checkbox"/> Counseling services        | <input type="checkbox"/> Peer mentoring       | <input type="checkbox"/> Tutoring services                   |
| <input type="checkbox"/> Course loads               | <input type="checkbox"/> Plagiarism           | <input type="checkbox"/> Withdrawing from TAMU               |
| <input type="checkbox"/> Disability services        | <input type="checkbox"/> Probation/Suspension | <input type="checkbox"/> Other issues_____                   |
| <input type="checkbox"/> Dropping/Withdrawing class | <input type="checkbox"/> Professor            |  |



# My Academic Achievement Plan

## ACTION PLANS

S.M.A.R.T. Goals	What will I do?	When and how often will I do it?

SMART = Specific (What exactly). Measurement (Action verbs). Achievable (Feasible; Realistic). Relevant (Related to issue). Time-bound (By when?)

## RESOURCES TO HELP ME

(referral unit, personnel, email, and telephone number, operating hours, etc)

1.	2.
3.	4.

## Summary of discussion

## IMPORTANT INFORMATION FROM YOUR COLLEGE

College:	Point of Contact:
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## My follow-up appointment is with:

Name:	Title:	Date/Time/Location:
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***By signing below, I agree that I will take action to complete my Academic Achievement Plan. I am committed to following through with the recommendations so I can progress satisfactorily towards my graduation.***

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## For Official Use (Please PRINT):

Form initiated by:	Title:	Date:
Follow up by:	Title:	Date: