

ACADEMIC SUCCESS PLAN

Name (Last, First):		SID#:
Major:	Expected Graduation Date:	Date:
SEMESTER GPA GOAL:		
My goal for the Fall Spring (year) semester is to achieve a semester GPA of at least		
 I understand that I must take the following actions this semester, which are essential for all students seeking academic success: ✓ Attend all classes except in cases of emergency or illness. In these cases, I will notify my instructors immediately and develop a plan with them as soon as possible to make up any missed assignments. ✓ Keep track of my grade progress in all my classes on a continual basis. ✓ Meet with my instructor or GSI immediately for assistance if a grade on any assignment or test is below a C. ✓ Meet with my Academic Advisor at least once during the semester and immediately for assistance if anything occurs that may affect my academic success. ✓ Utilize UC Berkeley resources such as the Student Learning Center to assist me. ACADEMIC DIFFICULTY FACTORS AND ACTION PLAN TO DEAL WITH THEM: 		
The top 3 factors contributing to my academic difficulty in the past were:		
1		
2		
3		
At least 3 specific actions I will take t 1 2 3		
CHANGES TO CLASS SCHEDULE	δ:	
I will make the following changes to my class schedule this semester in order to 1) repair my academic record, 2) take classes appropriate to my progress in the major, 3) keep my credits low while improving my GPA, and 4) manage my time effectively:		
ADVISOR COMMENTS/RECOMMENDED REVISIONS:		
I understand the consequences of not returning to good academic standing at the end of this semester and I will take action to follow this Academic Success Plan. I have until to schedule a follow-up appointment with my advisor, or my registration will be blocked.		
Student Signature		Advisor Signature