 Academic Success Plan

The Appeal of your academic dismissal along with a copy of this worksheet must be completed and submitted to your academic dean’s office. If you need help in completing or submitting this form, please contact your academic dean’s office.

1. **Student Information**

Name: Click here to enter text.

Student ID#: Click here to enter text.

Preferred Phone with area code: Click here to enter text.

Ship E-mail address: Click here to enter text.

College/School: Click here to enter text.

Academic Major(s): Click here to enter text.

Academic Minor(s) (if applicable): Click here to enter text.

Academic Advisor: Click here to enter text.

Previous Semester GPA: Click here to enter text.

Cumulative GPA: Click here to enter text.

**Academic Appeal.** If you believe there were circumstances that caused your academic performance to suffer temporarily, you may submit this appeal to your academic Dean. Successful appeals contain details, thus being no less than 300 words. This appeal must include official documentation, as appropriate, and an accurate phone number that may be used to notify you of the results of your appeal. For example, if the decline in your academic performance is based on a medical issue, your appeal must include supportive medical documentation from a licensed health care professional. Your appeal should include an explanation of:

* The reason(s) why your academic performance suffered;
* The action steps you have taken / will take to remedy the situation;
* How you have taken responsibility for the situation, if applicable.

**Write the appeal to your dean here:**

1. **Academic Success Plan.** This worksheet is designed to help you succeed. You must be honest with yourself about the obstacles you face and the commitment and effort you are agreeing to put forth.

**Identify Your Top Three Obstacles**

*In reflecting on your academic performance, identify the obstacles that negatively impacted your grades. Prioritize and number your top three obstacles with #1 being the biggest obstacle to your academic success. You may identify more than three, but prioritize only your top three.*

**Academic**

Ineffective study skills

Ineffective time management skills

Unprepared for exams

What worked in high school doesn’t

work anymore

Hard to concentrate/daydreaming

Difficult courses/not prepared for

course level

Unable to understand course content

Registered for too many courses

Did not attend/skipped class

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Major/Career**

Uncertain about current major

Changed major one or more times

Unsure what jobs are associated with

major

No clear career goals

Not sure why I’m in school   
Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal/Other**

Financial difficulties

Health problems

Use or abuse of alcohol or other

substance(s)

Possible learning exceptionality

Difficulty sleeping at night

Pressure, stress, anxiety, or tension

Excessive time spent online (Facebook,

YouTube, Gaming, etc.)

Lack of motivation

Working too much (#hours/week \_\_\_)  
Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family/Social Adjustment**

Roommate issues

Personal relationship issues

Family situation

Moved away from home/homesick

Difficulty adjusting to college life

Hard to make friends/loneliness  
Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Develop a Success Plan**

*From above, copy your top three obstacles (with #1 representing your biggest obstacle); next, describe the plan you will follow to overcome the obstacle; then, list any challenge(s) that you may encounter and how you will minimize each challenge.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Obstacle**  Example:  Ineffective Study Skills | **Success Plan. Describe what you will do in order to be successful.**  Participate in the CAPS Program at the Learning Center at the beginning of the upcoming semester. | **Potential challenge(s)**  Maintaining contact with the staff in the Learning Center. | **Strategies to minimize**  **challenges**  Schedule and attend weekly meetings. |
| **1.**Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **2.**Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **3.** Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Class Attendance.** Class attendance is correlated with academic success. Indicate your overall pattern of class attendance during the most recent semester.

100-90%  89-80%  79-70%  69-60%  Less than 60%

**Academic Support Resources.** List the resources that you used last semester and the resources you will use in the upcoming semester and continue to use to help you succeed (such as the course professor, academic advisor, tutoring, classmates, learning center, etc.)

Resources used last semester: Click here to enter text.

Resources that will be used if the appeal of my academic dismissal is granted:

Click here to enter text.

**Resources:**

**Learning Center**

<http://www.ship.edu/learning/>

Phone: (717) 477-1420

**Department listings\***

<http://www.ship.edu/academics/programs/undergraduate_programs/>

**Office of Accessibility Resources**

<http://www.ship.edu/oar/>

Phone: (717) 477-1364

**Career Center**

<http://www.ship.edu/career/>

Phone: (717) 477-1484

**Health Center**

<http://www.ship.edu/health_center/>

Phone: (717) 477-1458

**Counseling Center**

<http://www.ship.edu/Counseling_Center/>

Phone: (717) 477-1481

**Connections Program**

<http://www.ship.edu/dean_of_students/office_of_connection/>

Phone: (717) 477-1164

**Student Agreement.** If the appeal of my academic dismissal is granted, and by submitting this form, I agree to:

* Complete and submit all assignments on time and attend every class. In the event of an unforeseen circumstance (illness), I agree to notify my professor(s) and/or the Dean’s Office.
* Meet with my academic advisor, course professors and utilize academic support services as necessary. I understand that it is my responsibility to schedule and attend these meetings.
* Read and respond to my Ship e-mail on a regular basis for correspondence and updates from my advisor, course professors, and other university personnel.
* Participate in the CAPS Program. (You will receive an email about the program if you are reinstated).

**WHEN YOU’VE COMPLETED THIS DOCUMENT:**

**Save one copy for yourself, and email one copy with your Academic Appeal to your respective Dean’s Office.**