

## Academic Success Plan

*This plan should reflect the discussion between you and your Academic Success Advisor (ASA).  
Any change to this plan should be reviewed with your ASA.*

**Name** \_\_\_\_\_ **Parkland ID** \_\_\_\_\_

**Parkland email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Permanent address** \_\_\_\_\_

**Proposed Term to Return**     Fall                       Spring                       Summer                      Year \_\_\_\_\_

**Academic Success Advisor** \_\_\_\_\_ **Meeting Date** \_\_\_\_\_

**Financial Aid**     FAFSA Submitted     Applied for veteran benefits    Do not plan to use financial aid or veteran benefits

### Planned Courses

When selecting courses consider repeating courses in which you were not successful, courses that meet degree or transfer requirements, or courses that were recommended by your ASA.

| Course and Section # | Course Title | Credit Hours | Pre-Requisite Meet                                       |
|----------------------|--------------|--------------|--|
| - - -                |              |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| - - -                |              |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| - - -                |              |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| - - -                |              |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| - - -                |              |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| - - -                |              |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| - - -                |              |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Total Credit Hours** \_\_\_\_\_

**In a typed statement:**

- explain any factors that caused difficulty for you in previous semesters, and
- explain the strategies that you will use to be successful in your next semester. Use the list below and your discussion with your academic success advisor to develop a plan to address the factors outlined previously that caused difficulty.

**Available academic and success supports at Parkland.**

- |  |   |
|--|---|
| <input type="checkbox"/> Academic success coaching with ASA<br><input type="checkbox"/> Meet with faculty for additional advising or coaching<br><input type="checkbox"/> Writing Lab in Learning Commons<br><input type="checkbox"/> Wellness Center events or information<br><input type="checkbox"/> Managing stress & anxiety support group<br><input type="checkbox"/> Register with Accessibility Services<br><input type="checkbox"/> Apply to TRiO | <input type="checkbox"/> Counseling to reach behavioral or wellness goals<br><input type="checkbox"/> Tutoring in Learning Commons<br><input type="checkbox"/> Career counseling to explore interests & skills<br><input type="checkbox"/> Participate in campus activities<br><input type="checkbox"/> Online stress management resources.<br><input type="checkbox"/> Participate in the Black Student Success Project<br><input type="checkbox"/> Other: _____ |
|--|---|

**Follow-up meetings with Academic Success Advisor**

Meeting 1 (recommended by third week of semester)    Scheduled?     Yes     No    Date \_\_\_\_\_

Meeting 2 (recommended by midterm)    Scheduled?     Yes     No    Date \_\_\_\_\_

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

\_\_\_\_\_  
**Student Name**

\_\_\_\_\_  
**Date**

**Submit completed form with statement and any documentation to the Director of Advising Services.  
Student Union, 2<sup>nd</sup> Floor, U267 or [academicadvising@parkland.edu](mailto:academicadvising@parkland.edu).**