Bemidji State University Office of Teacher Education

Academic Success Plan

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate Name Candidate ID # Semester/Year

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major Phone # Advisor\*

**A maximum of 3 Academic Success Plans will be grounds for expulsion from the BSU teacher education programs.**

Brief Description of Situation: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Challenges to being Academically Successful (Check all that apply):**

|  |  |  |
| --- | --- | --- |
| Academics | Family Responsibility | Procrastination |
| Attendance | Relationship(s) | Mental Health |
| Poor Study Habits | Financial Obligations | Physical Health |
| Time Management | Living Situation | Career/Major Decisions |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

Brief Description: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Support Plan to be Academically Successful (Check all that apply):**

|  |  |  |
| --- | --- | --- |
| Career Services | TRIO/SS | Time Management Skills |
| Counseling Center | Academic Advising | Study Skills |
| Disability Services | Tutoring | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Brief Description: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Accountability Plan:**

*What measures will the candidate take to assure he/she completes this plan, including a timeline for completion*?

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Candidate Signature Date

*By signing this Academic Success Plan, I agree to the above plan.*

**­­­­­­­­­­­­­This section to be completed by the Admission & Retention Committee**

The committee recommends the following action:

|  |  |  |
| --- | --- | --- |
| Action Met | Meet Again | Removal from Program |

*If meeting again, the committee recommends the following date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

This action was made by the following committee members:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*A copy of this Academic Success Plan will be emailed to the candidate and advisor as well as uploaded to the candidate’s permanent BSU file.*