

Advising Success Center
Sanford Hall 101
(218) 755-4226
advising@bemidjstate.edu

Student Development Plan

Name: _____

BSU ID: _____

Major: _____

Advisor: _____

Phone: _____

- Academic Probation
- Academic Suspension

- Academic Warning
- Conditionally Admitted

Challenges to being academically successful (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Academics | <input type="checkbox"/> Family Responsibility | <input type="checkbox"/> Procrastination |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Relationship(s) | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Poor Study Habits | <input type="checkbox"/> Financial Obligations | <input type="checkbox"/> Physical Health |
| <input type="checkbox"/> Time Management | <input type="checkbox"/> Living Situation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Career / Major Decisions | | |

Brief Description: _____

Support plan to be academically successful (Check all that apply)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Counseling Center | <input type="checkbox"/> Time Management Skills | <input type="checkbox"/> Workshops |
| <input type="checkbox"/> Career Services | <input type="checkbox"/> Study Skills | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Disability Services | <input type="checkbox"/> Tutoring | |
| <input type="checkbox"/> TRIO/SSS | | |

Brief Description: _____

Appointments with a Retention Staff

- First appointment by _____
- Follow-up by ASC Staff _____
- Next Appointment: _____

I agree to the above academic plan

Retention Staff Signature

Date

Student signature

Date

Financial Aid Signature

Date