

Term on Academic Probation
__ Fall __ Spring 20__

Academic Success Agreement

Name _____

CU ID _____

eMail _____

Phone () _____

Major _____

Cumulative GPR _____

1. What areas have made academic success difficult for you? (Check all that apply.)
- | | |
|--|--|
| <input type="checkbox"/> Use of alcohol and/or other drugs | <input type="checkbox"/> Didn't manage my time well |
| <input type="checkbox"/> Didn't go to class | <input type="checkbox"/> Missed one or more tests |
| <input type="checkbox"/> Didn't take notes in class | <input type="checkbox"/> Didn't study enough |
| <input type="checkbox"/> Didn't turn in homework or other assignments (or turned them in late) | <input type="checkbox"/> I never had to study in high school |
| <input type="checkbox"/> Wasn't organized enough | <input type="checkbox"/> Negative emotions (stress, boredom) |
| <input type="checkbox"/> Procrastinated too much | <input type="checkbox"/> Didn't participate in class |
| <input type="checkbox"/> Difficulty setting priorities between school and social activities | <input type="checkbox"/> Didn't keep up with the reading |
| <input type="checkbox"/> Lack of motivation | <input type="checkbox"/> Became frustrated about my performance and just gave up |
| <input type="checkbox"/> Personal problems or issues | <input type="checkbox"/> Don't really know how to study effectively |
| <input type="checkbox"/> Didn't get enough sleep | <input type="checkbox"/> Health problems |
| <input type="checkbox"/> Confused/unsure about a choice of major | <input type="checkbox"/> Trouble balancing work and class |
| <input type="checkbox"/> Didn't buy the book for the class | <input type="checkbox"/> Financial problems |
| <input type="checkbox"/> I think I might have an undiagnosed learning Disability | <input type="checkbox"/> Family obligations |
| | <input type="checkbox"/> Too much time on computer/Facebook/etc. |
| | <input type="checkbox"/> Unaware of support services |

Other _____

2. In what areas do you think you need assistance?
- | | | |
|---|---|--|
| <input type="checkbox"/> Study skills | <input type="checkbox"/> Choosing/changing majors | <input type="checkbox"/> Career Exploration |
| <input type="checkbox"/> Stress management | <input type="checkbox"/> Overcoming test anxiety | <input type="checkbox"/> Dealing with a personal issue |
| <input type="checkbox"/> Math skills | <input type="checkbox"/> Time management | <input type="checkbox"/> Writing skills |
| <input type="checkbox"/> Test-taking skills | <input type="checkbox"/> Dealing with chemical dependency | <input type="checkbox"/> Lifestyle change |
| <input type="checkbox"/> Other _____ | | |

3. What plans do you have to improve your academic standing?

NOTE: Page 1 to be filled out by *student*
Page 2 to be filled out by *student and academic advisor or ASC academic coach/counselor*

