

## Student Success Agreement

*Please complete before your advising appointment*

Student Information	
Student Name:	Overall Attempted Hours:
Student ID#:	Overall Earned Hours:
Major:	Cumulative GPA:

What went well last semester?

What obstacles did you encounter last semester? (Select all that apply)	
<input type="checkbox"/> Anxiety or depression <input type="checkbox"/> Attendance issues <input type="checkbox"/> Concerns with food/nutrition <input type="checkbox"/> Courses too challenging <input type="checkbox"/> Did not check email/ecampus regularly <input type="checkbox"/> Difficulty making friends <input type="checkbox"/> Excessive alcohol or drug use <input type="checkbox"/> Financial challenges <input type="checkbox"/> Homesickness	<input type="checkbox"/> Lack of motivation <input type="checkbox"/> Need accommodations <input type="checkbox"/> Not interested in course content <input type="checkbox"/> Not sure if I'm in the right major <input type="checkbox"/> Organization struggles <input type="checkbox"/> Roommate issues <input type="checkbox"/> Sleeping challenges <input type="checkbox"/> Time management <input type="checkbox"/> Other
If you selected other, please describe: <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>	

**Describe your academic habits from last semester**

I attended and actively participated in class:

- Never    Rarely    Half the time    Usually    Always

I spent the following number of hours studying each week (outside of class):

- 0-5    6-10    11-15    16-20    20+

**I used or accessed the following resources or supports (select all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> Academic Advisor                    | <input type="checkbox"/> Office Hours           |
| <input type="checkbox"/> Academic Strategies                 | <input type="checkbox"/> Purpose Center         |
| <input type="checkbox"/> Career Services                     | <input type="checkbox"/> REACH Center           |
| <input type="checkbox"/> Financial Aid                       | <input type="checkbox"/> StudentLingo Workshops |
| <input type="checkbox"/> CAHS Student Experience Coordinator | <input type="checkbox"/> Success Coaching       |
| <input type="checkbox"/> Mentoring                           | <input type="checkbox"/> Tutoring               |
| <input type="checkbox"/> MindFit                             | <input type="checkbox"/> you.wvu.edu            |
| <input type="checkbox"/> Office of Accessibility Services    | <input type="checkbox"/> Other                  |

If you selected other, please describe:

**Describe the most significant challenges that impacted your academic success**

**To be completed during the advising appointment**

<b>Courses for the upcoming semester</b>			
<b>Course</b>	<b>Credit Hours</b>	<b>D/F Repeat? Y/N</b>	<b>Notes</b>

Using the D/F repeat GPA calculator, you need to earn a term GPA of at least:

<b>What is one goal you'd like to create for yourself? (Besides getting a 2.0 GPA)</b>
<p><b>Goal:</b></p>          <p><b>Action Step(s):</b></p>

***You.wvu.edu is a great resource for creating goals, establishing action steps, and monitoring your progress toward accomplishing them!***

## Student Success Agreement Checklist

- I have completed the CAHS Mid-Year Academy module.
- I understand that failure to return to good academic standing (cumulative GPA of a 2.0) could result in suspension from WVU.
- I will attend my monthly Success Coaching sessions.
- I will meet with my advisor before making any changes to my schedule.
- I understand that failure to return to good academic standing (cumulative GPA of a 2.0 or higher) could result in suspension from WVU.

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

**Advisor Signature:** \_\_\_\_\_

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