

Academic Success Personal Action Plan

Name: _____ CSUN ID#: _____
 Phone #: _____ Email: _____

Area (s) of concern: What do you think caused your academic probation? Please check as many as you feel are relevant. You may wish to star those that are especially critical.

- | | |
|-----------------------------|--|
| Working too many hours ____ | Concern about career/major choice ____ |
| Study skills ____ | Family concerns ____ |
| Personal issues ____ | Physical health problems ____ |
| Financial issues ____ | Learning issues ____ |
| Time Management ____ | Test taking ____ |
| Math Skills ____ | Other reason (s) _____ |
| Writing Skills ____ | _____ |
| Reading Skills ____ | _____ |

Policies/procedures discussed:

- | | |
|--------------------------------|---------------------------|
| Academic Probation ____ | CSUN's Repeat Policy ____ |
| Academic Disqualification ____ | Readmission ____ |
| How to calculate my GPA ____ | Other _____ |

Advisor's Referral (s):

- Learning Resource Center _____
 Counseling Center _____
 Financial Aid Office _____
 Center on Disabilities _____
 Career Center _____
 Advising Resource Center, College of _____
 Credential Office _____
 Student Health Center _____
 Other _____

I plan to take the following steps to improve my academic status by:

Planned Action	Deadline

This Personal Action Plan is designed to support your goal of academic success. We encourage you to contact your advisor immediately should you have any questions or concerns.

Student's Signature _____ Date _____

Liberal Studies Advisor's Signature _____ Date _____