

Pathways to Success Contract

Each student's pathway to success includes challenges and opportunities for growth along the way. We are pleased to know that you have taken steps to get back on track with a plan that works best for your journey.

Term: Fall 20 _____ Winterim 20 _____ Spring 20 _____ Summer 20 _____	
Student Name:	
Student ID:	Parkside Email:
Phone Number:	
Advisor:	

SKILLS REQUIREMENT COMPLETED? _____ YES _____ NO

SKILLS COURSE/S NEEDED:

ACADEMIC ROAD MAP

Planning for academic success includes mapping your courses in a sequence, which will foster meeting University requirements regarding your academic standing. Indicate your planned courses below.

TERM 1: Fall 20 _____ Winter 20 _____ Spring 20 _____ Summer 20 _____

of credits: _____ Semester GPA: _____

Notes

TERM 2: Fall 20 _____ Winter 20 _____ Spring 20 _____ Summer 20 _____

of credits: _____ Semester GPA: _____

Notes

Identifying Potential Obstacles

Identify challenges that have been barriers, or may be, to your success in college. Check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Part Time/Full Time Work | <input type="checkbox"/> Child Care Issues | <input type="checkbox"/> Poor Time Management |
| <input type="checkbox"/> Course Load Heavy | <input type="checkbox"/> Lack of Goals/Major | <input type="checkbox"/> Courses too challenging |
| <input type="checkbox"/> Test Anxiety/Test Taking | <input type="checkbox"/> Disability Concerns | <input type="checkbox"/> Financial Challenges |
| <input type="checkbox"/> Caring for a Family Member | <input type="checkbox"/> Friends/Relationships | <input type="checkbox"/> Transportation Problems |
| <input type="checkbox"/> Family Conflict/Struggles | <input type="checkbox"/> Excessive Social Life | <input type="checkbox"/> Poor Study Skills |
| <input type="checkbox"/> Housing Concerns | <input type="checkbox"/> Not Enough Time | <input type="checkbox"/> Different Learning style |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Procrastination | <input type="checkbox"/> Other: |

What are your strategies to overcome potential obstacles:

Advisor recommendations and comments:

Advisor: I have discussed the above academic plan with the student.

Academic Advisor Printed Name

Academic Advisor Signature

Date

Student: I understand the academic plan outlined in this contract. If I intend to alter my schedule or deviate from the academic plan, I will contact my advisor. *I understand that failure to follow the plan may result in the loss of financial aid eligibility and/or academic suspension.*

Student signature _____

Date _____