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.

<table>
<thead>
<tr>
<th>Term: Fall 20_____</th>
<th>Winterim 20_____</th>
<th>Spring 20_____</th>
<th>Summer 20_____</th>
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</thead>
</table>

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.

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