|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Member Information** | | | | |
| Name: | | | Start Date: | |
| Academic Chair: | | | End Date: | |
| **Objective** | | | | |
| In order to uphold the ideals of the Greek community and our Greek organizations, we must strive for high scholastic attainment. The terms of this form outlines the commitment you have made in order to achieve this. This individualize education plan is for the \_\_\_\_\_\_\_\_\_ (Fall/Spring) semester of \_\_\_\_\_\_ (insert year). I understand that at times I might be asked to provide proof of my efforts and will provide such as requested. | | | | |
| **Terms of Agreement**  You agree to complete all of the following in the Personal and Campus Columns. In the Personal Column write 3 action items and in the Campus Column circle all that apply (minimum 3). | | | | |
| Personal | | Campus | | |
|  | | * Midterm Grade Check * Schedule Tutoring appointment * Study hour monitor * Talk with your Academic Advisor * Meet with professor(s) during office hours * Use a calendar to set goal dates for assignment completion * Papers to be reviewed by The Write Place before submission * Test/quiz questions reviewed with professor * Step down from my leadership position * Seek campus counseling (CAPS) * Take Focus 2 Assessment at Career Center (major and career exploration) * Find a study buddy/accountability partner * Shadowing for major * Attend time management seminar * Attend UChoose Presentation * Schedule 1:1 appointment with Academic Learning Center * Visit Math Skills Center * Meet with Student Accessibility Services | | |
| **Achieving Your Goals** | | | | |
| How do you plan to stay on track with your goals? | Who will be your allies or people to help hold you accountable throughout this process? | | | How will you know you have accomplished the items above? |
|  |  | | |  |
| **Signature** | | | | |
| By signing this form you are committing to following the guidelines created by and for yourself. You understand the objectives of this form and individual academic success plan and will abide by its procedures to the best of your ability. If at any time you fall behind with your plan, ask for help and talk with your advisers, Greek Life Support Staff, and or chapter leadership.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |



**Greek Life Individual Academic Success Plan**

Academic Commitment Form



**Greek Life Individual Academic Success Plan**

Academic Courses Plan

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **My Academic Goals for the Semester** | | | | | |
|  | Attend class daily |  | Get my work done early |  | Exercise |
|  | Be prompt for class |  | Correct old tests |  | Keep record of my grades |
|  | Keep up with homework |  | Outline chapters |  | Ask questions in class |
|  | Meet with adviser regularly |  | Read over my notes daily |  | Seek help of a tutor |
|  | Meet with professors regularly |  | Do all extra credit work |  | Get a good night’s sleep |
|  | Sit in the front of the class |  | Rewrite notes |  | Eat healthy foods |
|  | Study in advance for tests |  | Attend study hours |  | Manage time effectively |
| **Other Personal Goals** | | | | | |
|  | | | | | |

|  |  |
| --- | --- |
| **Member Information** | |
| Name: | |
| Class Year: | |
| Major: | Minor: |
| Semester: | |
| Current GPA: | Goal GPA: |

|  |  |
| --- | --- |
| **Courses I am taking this semester** | **Goal Grade** |
|  |  |
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**Greek Life Individual Academic Success Plan**

Academic Self-Assessment

Please answer each question carefully. This self-assessment is a great tool to help you evaluate your academic learning habits and determine areas to make improvements for future academic success.

Once you have completed this self-assessment here is how you can use this information:

* Bring it with you to review with your Academic Adviser or Faculty Adviser
* Review it with your Chapter Academic Chair
* Consider making adjustments and goals to improve in the areas you marked lower
* Make an appointment with the Academic Learning Center and review it with them

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never |  |  |  | Always |
| Do you attend class? | 1 | 2 | 3 | 4 | 5 |
| Do you participate during class? | 1 | 2 | 3 | 4 | 5 |
| Do you use your syllabus as a guide to each course? | 1 | 2 | 3 | 4 | 5 |
| Do you turn in your assignments? | 1 | 2 | 3 | 4 | 5 |
| Do you keep track of points earned on assignments and exams so you know how you are performing in class? | 1 | 2 | 3 | 4 | 5 |
| In class, is it easy for you to stay focused on learning? | 1 | 2 | 3 | 4 | 5 |
| When you have questions about course material, do you talk to the instructor? | 1 | 2 | 3 | 4 | 5 |
| When you miss a class, do you get a copy of the lecture notes from another student or the instructor? | 1 | 2 | 3 | 4 | 5 |
| Do you read the chapter before you hear the corresponding lecture? | 1 | 2 | 3 | 4 | 5 |
| While you read the course materials, do you take notes? | 1 | 2 | 3 | 4 | 5 |
| While reading, do you mark or highlight your text? | 1 | 2 | 3 | 4 | 5 |
| To better understand material you are reading, do you reflect on what you have just read? | 1 | 2 | 3 | 4 | 5 |
| Do you take lecture notes that effectively prepare you for exams? | 1 | 2 | 3 | 4 | 5 |
| How often do you study more than two days in advance for exams? | 1 | 2 | 3 | 4 | 5 |
| Do you set-up specific times each week to study? | 1 | 2 | 3 | 4 | 5 |
| Do you spend enough time studying to be a successful student? | 1 | 2 | 3 | 4 | 5 |
| When it comes to studying, are you organized? | 1 | 2 | 3 | 4 | 5 |
| Do you successfully balance your social life and study time? | 1 | 2 | 3 | 4 | 5 |
| Do you use a day planner/calendar to organize your daily responsibilities? | 1 | 2 | 3 | 4 | 5 |
| Do you find a productive learning environment to study in? | 1 | 2 | 3 | 4 | 5 |
| How often do your work responsibilities interfere with school responsibilities? | 1 | 2 | 3 | 4 | 5 |
| When preparing for and taking exams, do you feel high levels of anxiety? | 1 | 2 | 3 | 4 | 5 |

What are your next steps to help yourself improve academically?

4. 

**Greek Life Individual Academic Success Plan**

Midterm Grade Check

|  |  |
| --- | --- |
| This form was created to assist in student academic success for the members in fraternity and sorority chapters at St. Cloud State University. To help monitor the organization’s academic progress, the organization has requested its members to complete this form. | |
| **Member Information** | |
| Name: | Fraternity/Sorority: |
| Semester/Year: | Date: |

To be completed by instructor---

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course** | **Grade** | **Absences** | **Areas for Improvement** | **Instructors Signature** |
|  |  |  |  |  |
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| --- |
| **Answer the following questions** |
| Do the above grades reflect your best academic effort? Why or why not? |
| In what ways can you improve yet this semester? |

To be completed by fraternity/sorority member---