

ACADEMIC WARNING WORKSHEET

Student Information

Student Name: _____ ID: _____
Advisor: _____ Term: _____ Date: _____
Major/Program: _____

Identify Challenges and Concerns

I am having difficulty with: *(check all that apply)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Lack of motivation/focus | <input type="checkbox"/> Housing/living arrangements | <input type="checkbox"/> Ineffective study skills |
| <input type="checkbox"/> Adjusting to college | <input type="checkbox"/> Family responsibilities | <input type="checkbox"/> Unclear academic/career goals |
| <input type="checkbox"/> Depression, stress or anxiety | <input type="checkbox"/> Work responsibilities | <input type="checkbox"/> Learning disability |
| <input type="checkbox"/> Finances | <input type="checkbox"/> Physical health concerns | <input type="checkbox"/> Challenging classes/credit load |
| <input type="checkbox"/> Making friends/loneliness | <input type="checkbox"/> Time management | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Meeting basic needs (i.e. access to food, community resources, etc.) | <input type="checkbox"/> Outside distractions (i.e. gaming, social media, extra-curricular activities, etc.) | <input type="checkbox"/> Other: _____ |

Develop a Plan for Success

My plan for improvement in the next term is:

Connect with Resources

In my plan for improving my academic standing, I will seek assistance in the following areas:

- | | |
|--|---|
| <input type="checkbox"/> Academic Enrichment & Learning
Rosenkrans East 570.422.6700
Other: _____ | <input type="checkbox"/> University-Wide Tutorial Program
Rosenkrans East 570.422.6700
Other: _____ |
| <input type="checkbox"/> Office of Accessible Services and Individualized for Students
Sycamore Suites, Lower Level 570.422.3954
Other: _____ | <input type="checkbox"/> Center for Multicultural Affairs & Inclusive Education
99 Normal Street 570.422.3961
Other: _____ |
| <input type="checkbox"/> Career and Workforce Development
University Center, 2 nd Floor 570.422.7952
Other: _____ | <input type="checkbox"/> Wellness Education and Prevention
Sycamore Suites, Lower Level 570.422.3298
Other: _____ |
| <input type="checkbox"/> Financial Aid Office
Zimbar-Liljenstein Hall 100 570.422.2800
Other: _____ | |

Develop an Academic Plan

The courses I plan to take in the following term include:

Course and Title Example – ENGL 103: English Composition	Credits	Reason for Taking the Course Example – degree requirement, repeat for a better grade, prerequisite course

My weekly commitments, shown below, include my time in class, studying, working and other responsibilities:

Weekly Planner							
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
8 a.m.							
9 a.m.							
10 a.m.							
11 a.m.							
Noon							
1 p.m.							
2 p.m.							
3 p.m.							
4 p.m.							
5 p.m.							
6 p.m.							
7 p.m.							
8 p.m.							
9 p.m.							
Online							

My follow-up advising appointment is scheduled for:

I understand and am committed to the plan I have outline above to better prepare myself for academic success.

Student Signature:

Date: _____

Additional advisor recommendations or comments:

Advisor Signature:

Date: _____

Advisor: Make one copy of the worksheet for the student and one copy to maintain in your advising record.

Student: Submit original worksheet to the Student Enrollment Center by 5 p.m. the second Monday of the term.