

# 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:

**Academic Enrichment & Learning**

Rosenkrans East | 570.422.6700

Other: \_\_\_\_\_

**Office of Accessible Services and Individualized for Students**

Sycamore Suites, Lower Level | 570.422.3954

Other: \_\_\_\_\_

**Career and Workforce Development**

University Center, 2<sup>nd</sup> Floor | 570.422.7952

Other: \_\_\_\_\_

**Financial Aid Office**

Zimbar-Liljenstein Hall 100 | 570.422.2800

Other: \_\_\_\_\_

**University-Wide Tutorial Program**

Rosenkrans East | 570.422.6700

Other: \_\_\_\_\_

**Center for Multicultural Affairs & Inclusive Education**

99 Normal Street | 570.422.3961

Other: \_\_\_\_\_

**Wellness Education and Prevention**

Sycamore Suites, Lower Level | 570.422.3298

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:

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

**Student Signature:**

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**Date:** \_\_\_\_\_

Additional advisor recommendations or comments:

**Advisor Signature:**

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**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.*