



STUDENT I-PASS

Date _____

Individual Plan for Academic Success

NAME _____ HUID# _____

Local Address _____

Cell Phone Number _____ HU Email Address _____

Major _____ Status: Academic Probation RW Scholarship

Classification FR__SO__JR__ Completed CSI Y__ N__ (Make CSI completion Goal 1)

Based on your CSI results, this academic plan is created by you and your Student Success Advisor. You agree to use the strategies mapped out in the plan, attend all follow-up advisement meetings to work toward achieving the goals in the academic plan, and commit to and take ownership of your education and degree completion at Hampton University. Student's Initials _____

GOAL 1		DEADLINE:
ACTION PLAN	1.	
	2.	
	3.	
CHALLENGES		
GOAL 2		DEADLINE:
ACTION PLAN	1.	
	2.	
	3.	
CHALLENGES		
GOAL 3		DEADLINE:
ACTION PLAN	1.	
	2.	
	3.	
CHALLENGES		

CAMPUS RESOURCES:

<input type="checkbox"/> SSC Tutoring	<input type="checkbox"/> Student Counseling Center	<input type="checkbox"/> Student Activities
<input type="checkbox"/> Math Lab	<input type="checkbox"/> Student Health Center	<input type="checkbox"/> Workshop:
<input type="checkbox"/> Writing Lab	<input type="checkbox"/> Disability Services	<input type="checkbox"/> Workshop:
<input type="checkbox"/> Financial Aid	<input type="checkbox"/> Student Support Services	<input type="checkbox"/> Other:
<input type="checkbox"/> Career Counseling	<input type="checkbox"/> Transitional Advisement	<input type="checkbox"/> Other:
<input type="checkbox"/> Peer Mentoring	<input type="checkbox"/> Freshmen Studies	
<input type="checkbox"/> Academic Coaching	<input type="checkbox"/> Faculty Advisement	

NEXT APPOINTMENT: _____

Advisor Signature: _____ Student Signature: _____