



TJC™

Academic Success Plan

Your name:

Major

Date:

Your A-number:

Part A: Identification

Check off statements that you feel apply to last semester

<p>Course Load</p> <ul style="list-style-type: none"><input type="checkbox"/> I took too many classes<input type="checkbox"/> I took courses beyond or outside my ability<input type="checkbox"/> I took courses that did not interest me<input type="checkbox"/> I had doubts about my major	<p>Personal Obligations</p> <ul style="list-style-type: none"><input type="checkbox"/> I worked part-time or full-time<input type="checkbox"/> I had a very active social life<input type="checkbox"/> I had hobbies that require many hours per week<input type="checkbox"/> I took care of a family member at home<input type="checkbox"/> I was involved in many extra-curricular activities
<p>Study Skills & Time Management</p> <ul style="list-style-type: none"><input type="checkbox"/> I often felt rushed or overwhelmed with life<input type="checkbox"/> I was often late to class and other appointments<input type="checkbox"/> I lost points for missing an exam or not turning in a paper on time<input type="checkbox"/> I earned poor grades on work I thought was excellent<input type="checkbox"/> I spent hours studying for tests that I did not do well on<input type="checkbox"/> I rarely or never used support services like tutoring<input type="checkbox"/> I did not schedule regular periods to study for tests or work on papers<input type="checkbox"/> I feel like I procrastinated often when I should have been working	<p>Physical or Emotional Stress</p> <ul style="list-style-type: none"><input type="checkbox"/> I was uncertain about my planned major or career prospects<input type="checkbox"/> I felt homesick<input type="checkbox"/> I was not sure about whether TJC was the right school for me<input type="checkbox"/> I was worried about paying my TJC bill or my personal expenses<input type="checkbox"/> I often felt tired or lacked energy<input type="checkbox"/> I had trouble with family or friends that affected my performance<input type="checkbox"/> I was ill during the semester and it affected my performance<input type="checkbox"/> I became frustrated over my performance and gave up on my school work<input type="checkbox"/> I felt lonely at TJC<input type="checkbox"/> I did not eat well and it affected my performance<input type="checkbox"/> I was not sleeping well, and often got less than 8 hours of sleep



Part B: Think about potential solutions
Put things in your own words

	Describe two obstacles you felt most impacted your performance last semester <i>(be specific)</i>	List potential solutions you might use to solve them <i>(or consider our list below)</i>
1.		
2.		

Potential solutions students often use

- I will work with my advisor to help me make a study plan
- I will attend study skills or time management workshops at the Quest Center
- I will use a tool to help me plan out my weekly schedule (Google or paper calendar)
- I will cut down my hours working or being part of a group to leave more time for classes
- I will find a good setting to study that is quiet
- I will set aside regular times for work that fit into my schedule this semester or build my class schedule around my work commitments.
- I will commit to regular tutoring appointments each week
- I will get to know my Professors and commit to meeting them in office hours
- I will meet with a Counselor from Counseling Services, or outside TJC
- I will utilize Career Services for Career or Major Exploration
- I will meet with someone in Disability Services for help with a Learning Disability
- I will make a plan to balance my school and health needs to improve my energy level

- After you finish:**
1. Save your completed form by selecting [File > Save] from the top menu
 2. Print out for your own reference or to share with your Academic Advisor