

# Academic Success Plan

**Student Name** \_\_\_\_\_

**ASU CID** \_\_\_\_\_

**Advisor** \_\_\_\_\_

Date Plan Initiated \_\_\_\_\_

Mid-Semester Meeting \_\_\_\_\_

End-Semester Meeting \_\_\_\_\_

**Major: *Master Science of Nursing*** (Check One)

Family Nurse Practitioner Track

Nurse Educator Track

Post Masters Certificate—Family Nurse Practitioner

Post Masters Certificate—Nurse Educator

**Indicator for Implementing Academic Success Plan (Check One)**

Conditional Admission

Academic Probation

Pattern of Course Withdrawal

Return after Withdrawal from University

Self-Identified Need for Support

Consistent Poor Performance in a Single Course

**Advising Session**

Explain to student about academic probation

Preceptitating Factors?

What does student plan to do to overcome challenges?

Work/Life Balance (Full-time employment, academics)

Communication expectations throughout semester

Part-time vs. Full-time

**Resources available to student**

Library Tutorials and Librarian

Student Health Center

ASU Writing Center

Financial Aid

University Counseling Services

Student Disability Services

**Challenges Identified by Student**

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**Student Plan and Goals**

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## **Mid-Semester Meeting**

**Review student's goals and progress towards meeting these goals.**

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## **End-Semester Meeting**

**Review student's goals and progress towards meeting these goals.**

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Student Signature

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Date

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Faculty Signature

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Date

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Program Track Coordinator Signature

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Date

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Graduate Program Coordinator Signature

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Date

Please return completed form to Graduate Nursing Office

cc: Graduate Program Coordinator  
Program Track Coordinator  
Graduate Secretary  
Student Advisor  
Student