

## Academic Success Personal Action Plan

Name: \_\_\_\_\_ CSUN ID#: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Area (s) of concern: What do you think caused your academic probation? Please check as many as you feel are relevant. You may wish to star those that are especially critical.**

Working too many hours ____	Concern about career/major choice ____
Study skills ____	Family concerns ____
Personal issues ____	Physical health problems ____
Financial issues ____	Learning issues ____
Time Management ____	Test taking ____
Math Skills ____	Other reason (s) _____
Writing Skills ____	_____
Reading Skills ____	_____

**Policies/procedures discussed:**

Academic Probation ____	CSUN's Repeat Policy ____
Academic Disqualification ____	Readmission ____
How to calculate my GPA ____	Other _____

**Advisor's Referral (s):**

Learning Resource Center \_\_\_\_\_  
Counseling Center \_\_\_\_\_  
Financial Aid Office \_\_\_\_\_  
Center on Disabilities \_\_\_\_\_  
Career Center \_\_\_\_\_  
Advising Resource Center, College of \_\_\_\_\_  
Credential Office \_\_\_\_\_  
Student Health Center \_\_\_\_\_  
Other \_\_\_\_\_

**I plan to take the following steps to improve my academic status by:**

Planned Action	Deadline

***This Personal Action Plan is designed to support your goal of academic success. We encourage you to contact your advisor immediately should you have any questions or concerns.***

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Liberal Studies Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_