

Academic Recovery Plan

Name:

ID:

Email:

Please complete this plan and be prepared to discuss the below topics. This plan will be copied and saved for our record purposes, but you may also take a photo of this document on your phone. Please **COMPLETE THE ENTIRETY** of this form.

**Obstacles:** Please reflect on some issues that may have impacted your grades and performance over the previous semester. Circle those that apply.

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| --- | --- | --- | --- |
| **ACADEMIC** | **MAJOR/CAREER** | **PERSONAL/OTHER** | **FAMILY/SOCIAL** |
| Study skills | Uncertain about my major | Financial/working too much | Roommate of relationship |
| Time management | Uncertain about my career path | Health issues | Personal/Family situation |
| What worked in high school doesn’t work here | Not sure whyI am in school | Alcohol and/or other substance abuse | Moved away from home/homesick |
| Difficult classes/not prepared for course level | UA may not be the place for me | Possible learning disability | Difficulty adjusting to college life |
| Unable to understand course content |  | Stress, anxiety or tension | Hard to make friends |
| Miscommunication with instructor |  | Over-involved with extra-curricular activities |  |

# **Reflection:** Please reflect on the steps you can take to be more successful.

# Why are you attending the University of Arkansas?

# What short term (semester) goals have you set for yourself? How will you achieve these goals?

# What long term (graduation) goals have you set for yourself? How will you achieve these goals?

# Of the issues you identified on the previous page, can you identify any ways to make changes in your life?

# What are the important dates that will help you this semester?

# What specific strategies will you use to help manage your time and classes?

# What resources will you utilize around campus to assist in improving your GPA?