

# Student Success Services



## Osprey Success Plan



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Name: \_\_\_\_\_ Z#: \_\_\_\_\_ Date: \_\_\_\_\_

Previous semester GPA: \_\_\_\_\_

Previous Cumulative GPA: \_\_\_\_\_

What were your challenges from the past semester?

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What did you do well last semester?

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What is your plan to improve your grades?

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# Student Success Services

## Co-Curricular Activities, Employment, & Time Management

Employment	Location (on campus/off campus)	Hours Spent

I will limit the number of hours I work per week to (if applicable): \_\_\_\_\_

### Co-Curricular

Activity	Hours Spent Per Week (past semester)	Goal for Hours Spent Per Week
	Total Hours:	Goal Total Hours:

Meet with my mentor every . Next meeting will be on  
 It will be my responsibility to schedule and attend meetings with my mentor.

# Student Success Services

## Weekly Study Schedule

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12:00 AM							
1:00 AM							
2:00 AM							
3:00 AM							
4:00 AM							
5:00 AM							
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
11:00 PM							
12:00 AM							

## Student Involvement Plan

What do you do in your free time?

What opportunities were you looking for in college?

When was the last time you were really excited about something? What was it?

If you were going to create a new special interest club or group on campus, what would it be? Why?

### Stockton Resources- Paths to Involvement

- Office of Student Development check list of all student groups on campus; Campus Center Suite 240 or call (609) 652-4205
- Athletics-(Intramurals/Club Sports), visit <http://www.stocktonathletics.com> or call (609)652-4873
- Residential Life residence hall associations, call: (609) 652- 4332
- Wellness Center- student leader positions/pre-health exposure; (609) 652-4848
- Visit Math and/or Writing Tutoring Center, contact:(609) 652-4441
- Apply as Admissions Ambassador, contact: (609) 652-4261
- Visit the Career Center; (609)-652-4650
- For on-campus employment, visit the Office of Financial Aid: (609) 652-4203

Personal Goal	Resources Available	Action Steps	Timeline for Completion	Outcomes

# Academic Goal Setting

I will set a **realistic**, desired grade for each class as a goal to achieve a semester GPA of \_\_\_\_\_.

Course	Grade I want	What skills I need to do well in this class	Possible Challenges

I accept responsibility for my academic success. I understand that failure to abide by this agreement may result in withdrawal from the CARE Program or loss of financial aid. I agree to participate in the activities described above and will report any changes in my status to my mentor immediately.

Mentee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mentor's Signature: \_\_\_\_\_

**Note:** Please provide your mentor and the Student Success Services office a copy of your Mentee Improve Plan via email at [studentsuccess@stockton.edu](mailto:studentsuccess@stockton.edu), or submit a copy to the office in Room F-110.