Office of University Retention

INDIVIDUAL EDUCATION PLAN

Student Name: ________________     Student ID: ______________

Date: __/__/____  Current Semester: (Circle one): 2nd: 3rd: 4th: 5th: 6th: 7th: 8th: Other: _____

1. Identify areas in which student will require assistance: (Please check all that apply)

   Academic Advising: ___  Study Skills: ___  Self Esteem: ___
   Personal Counseling: ___  Time Management: ___  Other: ____________
   Communication Skills: ___  Setting Goals: ___

2. Has the student completed all the General Education Requirements? YES: ___  NO: ___
   (If no, List General Education requirements not completed):


   **Total General Education Requirements pending?** ______ hrs.

3. List academic areas in which the student requires additional tutoring:

   Math: ______  English/Communications: ______  Humanities: ______
   Social Sciences: _____  Natural Sciences: ______  Electives: ______

4. How often must the student visit with his/her Academic Advisor?

   Once Weekly: _____  Twice Weekly: ______  Bi-Weekly: _____
   Monthly: _____  Bi-Monthly: _____  Other: ___________

5. In what academic areas does require Mandatory Tutorials and for how many hours per week?

   __ Math: ______ hrs.  __ English/Communications: ______ hrs.
   __ Humanities: _____ hrs.  __ Natural Sciences: ______ hrs.
   __ Social Sciences: _____ hrs.  **(Total Weekly Tutorial Hours):** ______

6. Please identify semester and list courses in which students are currently enrolled:
Fall ____ Yr. ____  Spring: _____ Yr. ______  Summer: _____ Yr. ______

(Courses)
1. ________________________  2. __________________________
3. ________________________  4. __________________________
5. ________________________  6. __________________________

7. What extra-curricular activities does the student participate in and for how long (hours per week)?
   1. ___________________________  Hrs: __________
   2. ___________________________  Hrs: __________
   3. ___________________________  Hrs: __________

8. How many hours per week does the student work? Hrs: 10: 15: 20: 25: 30: 35: 40: 40+

9. What are the student’s Educational Goals:
   1. _______________________________________________________________________
   2. _______________________________________________________________________
   3. _______________________________________________________________________

Advisor’s general comments regarding student’s retention and academic progress:

________________________________________________________________________
________________________________________________________________________

(NOTE TO THE STUDENT ADVISEE): I understand the assessment provided in this form and agree to abide by the Visitation and Mandatory Tutorial requirements stipulated by my Advisor.

Student Signature: ________________________________________________________

Phone Number: _____________________  E-mail: _____________________________

Staff /Advisor Signature: ________________________________________________