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**Satisfactory Academic Progress Appeal and Academic Success Plan**

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| --- |
| Student’s Full Name: |

***Satisfactory Academic Progress Appeal***

In the section below, you will explain the reasons for your past semester’s academic performance. Please write in paragraph form and use complete sentences:

* Describe the circumstances that affected your academic performance last semester:
* Describe how these circumstances have changed to allow you to be successful next semester:
* Outline a course plan for the next two semesters that will lead to restoration of Satisfactory Academic Progress. Include what courses you plan to take each semester, making special note of any courses that you are retaking, and the minimum grades you need to achieve. You may find the GPA threshold calculator on the Registrar’s webpage to be helpful. You can find the information you need for the calculator on your unofficial transcript, which you can access through Student Planning on Muskie Link.

***Academic Success Plan***

Your Academic Success Plan will create a personal plan-of-action for you to be successful by helping you:

* Determine why you are in college, your experience with academics, and the resources

available to you.

* Discover your academic strengths and areas for improvement.
* Develop a plan for meeting with each of your professors.
* Develop a plan for meeting with your Academic Advisor.
* Develop concrete goals related to your academic and personal success at Muskingum University.
* **About Me**

First, it will be helpful to reflect on a few aspects of your life as you begin to develop a clear plan for success. Answer the following questions about yourself as completely as possible:

1. I was motivated to pursue a college degree because…
2. After I graduate, I plan to use my earned college degree by:
3. Think about some of the challenges, barriers, or obstacles that you may face this semester as you progress towards your academic goals then complete the following chart:

|  |  |  |
| --- | --- | --- |
| **Challenge** | **Specific skills/strategies I will need to be successful** | **Resources on campus that I will use** |
|  |  |  |
|  |  |  |
|  |  |  |

* **My Study Habits**
* Generally, I study hours per day.
* Generally, I sit down to study \_\_\_ time(s) per week.
* In the future, I plan to study \_\_\_ hours per day and \_\_\_ times per week.

Clearly describe the setting(s) where you feel most productive studying. Why do you feel comfortable in these settings?

* **My Support Network**

It is important to surround yourself with supportive friends, family, and mentors who can encourage your success. Please list any members of your current support network who are available to your college success at Muskingum.

1. Support Person One:

Describe how this person supports you:

1. Support Person Two:

Describe how this person supports you:

1. Support Person Three:

Describe how this person supports you:

* **My Academic History**

Think about the courses you have taken so far. Use the following worksheet to highlight two or three courses in each category.

|  |  |  |
| --- | --- | --- |
| **Courses in which I was successful** | **I was successful because:** | **The success strategies that I used were:** |
|  |  |  |
| **Courses in which I was not successful** | **Factors that contributed to my low grade included:** | **I believe I could have achieved in this course if I:** |
|  |  |  |

**Student Agreement**

* I agree to use the strategies I have mapped out in my Academic Success Plan.
* I have a clear understanding of what I need to do to be academically successful at Muskingum University.
* I will actively seek solutions to problems which may interfere with my academic success, making use of campus resources.
* When an illness or emergency prevents me from attending classes or schedule appointments, I agree to contact my professors and make arrangements for missed work. If an emergency requires me to live campus, I will notify my academic coach.
* I understand that failing to comply with the above requirements will be viewed as a lack of commitment to my academic success.

|  |  |
| --- | --- |
| Student Signature: | Date: |

*Success Plan certified as created:*

|  |  |
| --- | --- |
| Success Coach or Advisor Signature: | Date: |

*\*Adviser: The student may submit this form without your signature if you send an email verifying that you have reviewed and approve the form. Please send the email to* [*finaid@muskingum.edu*](mailto:finaid@muskingum.edu) *including the students name and date reviewed.*

RETURN THIS FORM TO STUDENT FINANCIAL SERVICES OR EMAIL IT TO FINAID@MUSKINGUM.EDU