



Student Success Agreement

Please complete before your advising appointment

Student Information	
Student Name:	Overall Attempted Hours:
Student ID#:	Overall Earned Hours:
Major:	Cumulative GPA:
Is this your first semester below a 2.0?	

What went well last semester?

What obstacles did you encounter last semester? (Select all that apply)	
<input type="checkbox"/> Anxiety or depression <input type="checkbox"/> Attendance issues <input type="checkbox"/> Concerns with food/nutrition <input type="checkbox"/> Courses too challenging <input type="checkbox"/> Did not check email/ecampus regularly <input type="checkbox"/> Difficulty making friends <input type="checkbox"/> Excessive alcohol or drug use <input type="checkbox"/> Financial challenges <input type="checkbox"/> Homesickness	<input type="checkbox"/> Lack of motivation <input type="checkbox"/> Need accommodations <input type="checkbox"/> Not interested in course content <input type="checkbox"/> Not sure if I'm in the right major <input type="checkbox"/> Organization struggles <input type="checkbox"/> Roommate issues <input type="checkbox"/> Sleeping challenges <input type="checkbox"/> Time management <input type="checkbox"/> Other
If you selected other, please describe:	

Describe your academic habits from last semester

I attended and actively participated in class:

- Never
- Rarely
- Half the time
- Usually
- Always

I spent the following number of hours studying each week:

- 0-5
- 6-10
- 11-15
- 16-20
- 20+

I used or accessed the following resources or supports (select all that apply):

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Academic Advisor <input type="checkbox"/> CAHS Student Experience Coordinator/
Career Specialist <input type="checkbox"/> CAHS Success Coaching <input type="checkbox"/> Financial Aid <input type="checkbox"/> Mentoring <input type="checkbox"/> MindFit <input type="checkbox"/> Office of Student Accommodations | <ul style="list-style-type: none"> <input type="checkbox"/> Office Hours <input type="checkbox"/> Purpose Center <input type="checkbox"/> REACH Center <input type="checkbox"/> StudentLingo Workshops <input type="checkbox"/> Tutoring <input type="checkbox"/> you.wvu.edu <input type="checkbox"/> Other |
|---|---|

If you selected other, please describe:

Describe the most significant challenges that impacted your academic success

Student Success Agreement Checklist

- I will complete the [CAHS Mid-Year Academy Module](#)
- I will meet with my advisor before making any changes to my schedule
- I will attend my monthly Success Coaching sessions
- I understand that failure to return to good academic standing (cumulative GPA of a 2.0) could result in suspension from WVU.

Student Signature: _____

Advisor Signature: _____

Date: _____