

STUDENT EDUCATIONAL PLAN



[Friday, April 05, 2019]

Student Last Name: _____ Student First Name: _____

Academic Year: _____ Semester: _____

Major: _____ Advisor: _____

Email Address: _____

Academic Level:

Freshman Sophomore

Academic Status:

Good Warning Probation Dismissal Not Sure

Accommodative Services Needed?

(For students with learning/mental/physical disability)

Yes No

Attended Project Aim Orientation?

Yes No

Current Math Class: MA096 MA097 MA108 MA110 Other

Current English Class: EN096-I EN097-II EN097-II EN110 Other

College Interest: Certificate AA BA MA Doctorate

Howard Gardner's Multiple Intelligence Test:

____ Linguistic ____ Logical-Mathematical ____ Musical ____ Bodily-Kinesthetic ____ Spatial Visual

____ Interpersonal ____ Intrapersonal

Areas in need of improvement: (Ex: Academic subjects [Math, English, etc.], Time Management, etc.)

Semester Academic Goals:

1) _____

2) _____

3) _____

Plan/Services/Recommendations to reach your goal(s): *(To be filled by Counselor/Advisor)*

Student's Signature: _____ **Date:** _____

Academic Advisor's Signature: _____ **Date:** _____

Next Scheduled Meeting with your Advisor:

DATE	TIME	REMARKS

Review Date: _____

Student Initial: _____

Academic Advisor Initial: _____