Academic Progress Plan

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Starting Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campus:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Answer the following questions:

1. I am… **(CIRCLE ALL THAT APPLY)**
	1. A first-time college student (I have never been to college)
	2. A returning student (I am enrolled/was enrolled in the current/previous semester)
	3. A transfer student
	4. A readmit (I previously attended Northern but have not attended in more than 2 years)
	5. A first-generation college student (my parents did not attend college)
	6. Not a first-generation college student (my parents did attend college)
2. I intend to be…
	1. Full time (12 hours or more per semester)
	2. Part time (less than 12 hours a semester)
3. My goal is to graduate by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
4. When I graduate, I would like to…
	1. Continue with college at a 4-year institution
	2. Continue training at another institution (not 4-year)
	3. Find a job in my field (list the field: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
	4. Stay at home (i.e., courses are for personal enrichment)
5. Currently, I…  **(CIRCLE ALL THAT APPLY)**
	1. Am supporting a family or other dependents
	2. Need to work full time
	3. Need to work part time
	4. Do not need to work
	5. Have limitations on when I am available to take classes
	6. Have no limitations on when I am available to take classes
	7. Have the following obligations (list after school activities for yourself or a dependent, dependents you take care of for medical reasons, organizational obligations, etc.):

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1. I am…
	1. Interested in taking online and hybrid courses
	2. Interested in only taking traditional courses that meet on campus
2. I feel that my computer skills are:
	1. Expert
	2. Above Average
	3. Average (I can search the Internet, use word processing programs, save documents, create new files and folders, type proficiently)
	4. Below average (I have some typing skills and experience using the internet but am somewhat uncomfortable with formatting documents and using computers)
	5. Poor (I need a great deal of assistance in using a computer but I may have had minimal exposure to using computers)
	6. Never used a computer and do not know where to begin
3. Overall, I feel that my greatest skill is in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Overall, I feel that my weakest skill is in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. I need assistance with…
	1. Study skills
	2. Time management skills
	3. Test taking skills
	4. Goal setting and prioritizing
	5. Understanding college jargon
	6. Other basic college skills (Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
6. I …
	1. Have verified my financial aid status, forms, and award with a WVNCC Service Center or Financial Aid staff member. (Initials of staff member and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
	2. Have not verified my financial aid status, forms, or award with a WVNCC Service Center or Financial Aid staff member. (Please speak to the appropriate staff person)
	3. Am not using financial aid.
7. I would like to discuss: (**PLEASE EXPLAIN IN THE SPACE BELOW**)

Program Progress Chart (complete the charts with your plan to reach graduation by your goal date)

Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **Courses I intend to take OR Courses I am taking** | **Courses I actually completed (check next to those you complete after each semester)** |
| *Class* | *Number of Credits* | *Is this class in my program? (See the Catalog and your Degree Evaluation)* | *Prereqs completed? (Check the Catalog and indicate yes or no)* |  |
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**My plan has been reviewed by and discussed with my academic advisor**.

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Student Signature Advisor Signature Date