COLLEGE OF THE ROCKIES

Student Services
2700 College Way, Box 8500
Cranbrook, BC | V1C 5L7

250-489-8243
1-877-489-2687 x 3243 Toll Free
studentservices@cotr.bc.ca

Academic Success Plan

_____
Student Number

_____
Name of Advisor

_____
Student Name

_____
Current Program

_____
Email

_____
Date

Successful completion of your educational programming is our goal for you and all other College of the Rockies students. This learning plan is intended to assist you in being successful. In order to develop this plan, you are expected to reflect on your academic challenges and identify detailed strategies for success. Your plan should address all relevant issues, which may include attendance, time management, areas where skills may be lacking, etc. By developing and following this plan, you will increase your chances of successful completion of your semester and/or program.

Identify reasons that account for your lack of academic success during the past semester(s)

```
[                                                                        ]
[                                                                        ]
[                                                                        ]
[                                                                        ]
[                                                                        ]
```

Proposed program: _____

Courses for the current semester

Course	F2F	OL	Any
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐

Proposed for next semester

Course	F2F	OL	Any
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐

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I am committed to using the following resources to support me in my courses.

_____
initial

RESOURCES AVAILABLE TO YOU

Support
- ☐ Check-in appointments with an advisor
- ☐ Instructor office hours
- ☐ Counselling (*social, emotional or personal concerns*)
- ☐ Empower Me (*free access to external counselling*)
- ☐ Other _____

- ☐ International student support
- ☐ Accessibility services
- ☐ Financial aid
- ☐ Career exploration session

Skills
- ☐ Time management
- ☐ Note taking
- ☐ Test taking
- ☐ Other _____

- ☐ Study skills
- ☐ Math skills
- ☐ Computer skills
- ☐ English skills

Tutor
- ☐ Writing lab (face-to-face)
- ☐ Writing lab (online)
- ☐ Other _____

- ☐ Peer Assisted Learning (PAL)
- ☐ English tutor (professional)
- ☐ Math tutor (professional)

CURRENT ACADEMIC STATUS

☐ Academic Alert   ☐ Academic Risk   ☐ Required to Withdraw

I understand that I must meet the following conditions of the Academic Success Plan.

_____
initial

ASSESSMENTS

☐ English   ☐ Math   ☐ Learning Skills   ☐ Test of English Language Proficiency (TELP)

NOTE: Assessments are required when the student has repeatedly failed a required course in English or Math. Assessment scores are used for placement into the appropriate course.

SEMESTER GRADE REQUIREMENTS

Required Program Grade Point Average (GPA) [____]

NOTE: Semester GPA may need to be higher than Program GPA to bring up your Program GPA to the required level, to be in good standing

I understand that a lack of success in my courses this semester may prevent me from registering for future courses and therefore successfully completing my program

_____
initial

DECLARATION
Freedom of Information/Protection of Privacy
The College of the Rockies complies with the Freedom of Information/Protection of Privacy legislation of the Province of British Columbia. Information collected on this form is used in the normal course of College operations in accordance with this legislation.

Please read the following before signing:
I declare that the information contained in this form is to the best of my knowledge, complete and correct. I hereby agree to comply with the rules and regulations of the College.

Student

NAME (PLEASE PRINT)	SIGNATURE	DATE

Dean / Department Head

NAME (PLEASE PRINT)	SIGNATURE	DATE