**Upward Bound Academic Improvement Plan:**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **District Semester GPA:\_\_\_\_\_\_\_\_ District Cummulative GPA:\_\_\_\_\_\_\_\_ State Cummulative GPA:\_\_\_\_\_\_\_\_**
2. **Please list the courses that you currently have a “C” or below in:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **I believe the barrries to my academic success are:** *(circle all that apply)*

Time management Not keeping up with reading and assingments Not understanding what I read

Notetaking/ Study Skills Not remembering what I read Absences/class attendance

Poor grades on tests in spite of hours spent preparing Health/personal concerns I don’t know

Expalin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **The following is my plan to increase my grades in these areas (**Part of your plan could include: additional tutoring at school, additional study time, speaking with your instructor about your grade, etc):

* Meeting with Upward Bound Academic Advisor to develop an academic improvement plan.
* Attend four additional tutoring sessions per quarter, eight for the semester (**Required for all students**).
* Agree to check in with the Graduate Assistant on a biweekly basis to assess academic progress.
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| Student Notes: | UB Counselor Notes: |

1. **The best way to communicate with my Upward Bound Staff Member is by:** (Circle one)

Phone: Email:

By signing below, I acknowledge that I will do my best to increase my grades and follow the plan as outlined above.

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Student Signature Date UBP Advisor Signature Date

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Parent Signature Date