

# GROVE COLLEGE OF BUSINESS SUPPORT PLAN



## Student Information

Name: [Click here to enter text.](#)

Student ID#: [Click here to enter text.](#)

Preferred Phone with area code: [Click here to enter text.](#)

Ship E-mail address: [Click here to enter text.](#)

College/School: [Click here to enter text.](#)

Academic Major(s): [Click here to enter text.](#)

Academic Minor(s) (if applicable): [Click here to enter text.](#)

Academic Advisor: [Click here to enter text.](#)

Previous Semester GPA: [Click here to enter text.](#)

Cumulative GPA: [Click here to enter text.](#)



## Support Plan

This worksheet is designed to help you succeed. You must be honest with yourself about the obstacles you face and the commitment and effort you are agreeing to put forth.

*In reflecting on your academic performance, identify the obstacles that negatively impacted your grades. Prioritize and number your top three obstacles with #1 being the biggest obstacle to your academic success. You may identify more than three, but prioritize only your top three.*

**Academic**

- Ineffective study skills
  - Ineffective time management skills
  - Unprepared for exams
  - What worked in high school doesn't work anymore
  - Hard to concentrate/daydreaming
  - Difficult courses/not prepared for course level
  - Unable to understand course content
  - Registered for too many courses
  - Did not attend/skipped class
- Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Major/Career**

- Uncertain about current major
  - Changed major one or more times
  - Unsure what jobs are associated with major
  - No clear career goals
  - Not sure why I'm in school
- Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Personal/Other**

- Financial difficulties
  - Health problems
  - Use or abuse of alcohol or other substance(s)
  - Possible learning exceptionality
  - Difficulty sleeping at night
  - Pressure, stress, anxiety, or tension
  - Excessive time spent online (Facebook, YouTube, Gaming, etc.)
  - Lack of motivation
  - Working too much (#hours/week \_\_\_\_)
- Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Family/Social Adjustment**

- Roommate issues
  - Personal relationship issues
  - Interpersonal violence
  - Family situation
  - Moved away from home/homesick
  - Difficulty adjusting to college life
  - Hard to make friends/loneliness
- Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Develop a Success Plan**

*From above, copy your top three obstacles (with #1 representing your biggest obstacle); next, describe the plan you will follow to overcome the obstacle; then, list any challenge(s) that you may encounter and how you will minimize each challenge.*

<p><b>Obstacle</b> <u>Example:</u> Ineffective Study Skills</p>	<p><b>Success Plan. Describe what you will do in order to be successful.</b> Participate in the AIM Program at the Learning Center at the beginning of the upcoming semester.</p>	<p><b>Potential challenge(s)</b> Maintaining contact with the staff in the Learning Center.</p>	<p><b>Strategies to minimize challenges</b> Schedule and attend weekly meetings.</p>
<p>1. Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>
<p>2. Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>
<p>3. Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>

**Class Attendance.** Class attendance is correlated with academic success. Indicate your overall pattern of class attendance during the most recent semester.

100-90%       89-80%     79-70%     69-60%     Less than 60%

**Academic Support Resources.** List the resources that you used last semester and the resources you will use in the upcoming semester and continue to use to help you succeed (such as the course professor, academic advisor, tutoring, classmates, learning center, etc.)

Resources used last semester: [Click here to enter text.](#)

Resources that will be used:

[Click here to enter text.](#)

## Resources:

### Learning Center

<http://www.ship.edu/learning/>

Phone: (717) 477-1420

### Career Center

<http://www.ship.edu/career/>

Phone: (717) 477-1484

### Department listings\*

[http://www.ship.edu/academics/programs/undergraduate\\_programs/](http://www.ship.edu/academics/programs/undergraduate_programs/)

\*Please contact the respective department and ask if department-based tutoring is available.

### Health Center

[http://www.ship.edu/health\\_center/](http://www.ship.edu/health_center/)

Phone: (717) 477-1458

### Office of Accessibility Resources

<http://www.ship.edu/OAR/>

Phone: (717) 477-1364 or ext. 1326

### Counseling Center

[http://www.ship.edu/Counseling\\_Center/](http://www.ship.edu/Counseling_Center/)

Phone: (717) 477-1481

### Connections Program

[http://www.ship.edu/dean\\_of\\_students/office\\_of\\_connection/](http://www.ship.edu/dean_of_students/office_of_connection/)

Phone: (717) 477-1164

**Student Agreement.** By submitting this form, I agree to:

- Complete and submit all assignments on time and attend every class. In the event of an unforeseen circumstance (illness), I agree to notify my professor(s) and/or the Dean's Office.
- Meet with my academic advisor, course professors and utilize academic support services as necessary. I understand that it is my responsibility to schedule and attend these meetings.
- Read and respond to my Ship e-mail on a regular basis for correspondence and updates from my advisor, course professors, and other university personnel.
- Participate in the AIM Program.

**WHEN YOU'VE COMPLETED THIS DOCUMENT:**

**Save one copy for yourself, and email one copy to the Grove College of Business Student Support and Retention Center – [SSRC@ship.edu](mailto:SSRC@ship.edu)**