



LEARNING RESOURCE CENTER
Individual Academic Success Plan

Date of LRC Consultation _____ with LRC Staff _____

Student Name _____

Student Contact Information: Phone _____ Email _____

What prompts your visit to the LRC for assistance? Faculty Referral Self Referral

Identify your academic challenges and why you think they exist.

What are you currently doing to handle these challenges? What is working/not working, and why?

Identify LRC activities you will participate in, your goals relative to these activities, and a time frame for completion:

How will you know when you are overcoming your academic challenges?

Specify a date you will follow-up with LRC staff relative to this plan. _____

To the student: We encourage you to share this plan with the instructor who referred you to the LRC. Please check the appropriate box below if you wish the LRC to send a copy to the referring instructor for you.

_____ Please send a copy of this plan to my referring instructor.

_____ If I choose to share this plan with my instructor, I will be responsible to do so on my own.

Student Signature _____ Date _____

LRC Staff Signature _____ Date _____