

Individual Success Plan



Name: _____ Warrior ID # _____

Major/Minor: _____

Calendar Year: 20 _____ Semester: FALL SPRING SUMMER

I plan to earn a bachelor's degree from Winona State University: YES NO

I plan to transfer from Winona State University to another school prior to earning my bachelor's degree: YES NO

1. This semester, I am enrolled in:

<u>Course</u>	<u>Day & Time</u>	<u>Instructor</u>	<u>Credits</u>

2. This semester my goal(s) is/are to:

2.a. What are you going to do to make your goal happen?

3. During my time at Winona State University my goal is:

3.a. What are you going to do to make your goal happen?

4. After Winona State University my goal is:

4.a. What are you going to do to make your goal happen?

5. Employment

- Do you have a job? Yes No *If yes, where?* _____ Hours worked each week _____
- *If no*, are you expecting to get a job? Yes No

6. This semester, I would like to (Check all that apply)

Personal	Academic	Career
<input type="checkbox"/> Develop effective time management skills <input type="checkbox"/> Develop leadership skills <input type="checkbox"/> Meet new people/create new friendships <input type="checkbox"/> Develop coping measures for test anxiety <input type="checkbox"/> Gain financial literacy knowledge <input type="checkbox"/> Develop decision making skills <input type="checkbox"/> Participate in cultural events <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Develop effective study skills <input type="checkbox"/> Develop effective note taking skills <input type="checkbox"/> Develop effective reading comprehension <input type="checkbox"/> Receive assistance to improve math skills <input type="checkbox"/> Develop effective test taking skills <input type="checkbox"/> Develop effective writing skills <input type="checkbox"/> Raise/Maintain Good Grade Point Average <input type="checkbox"/> Get assistance with my FAFSA <input type="checkbox"/> Participate in Tutoring (list subjects) <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Develop a graduation plan <input type="checkbox"/> Create an effective a resume <input type="checkbox"/> Develop effective job search skills <input type="checkbox"/> Prepare for graduate school <input type="checkbox"/> Explore career options <input type="checkbox"/> Decide on a major and/or minor <input type="checkbox"/> Other (specify)

7. What could prevent you from achieving your academic goals this semester? (Check all that apply)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Working/Job | <input type="checkbox"/> Lack of Family Support | <input type="checkbox"/> Missing or Tardy to Class | <input type="checkbox"/> Lack of Money |
| <input type="checkbox"/> Lack of Self-confidence | <input type="checkbox"/> Difficult Classes | <input type="checkbox"/> Test Anxiety | <input type="checkbox"/> Health Concerns |
| <input type="checkbox"/> Easily Distracted | <input type="checkbox"/> Procrastination | <input type="checkbox"/> Lack of Motivation | <input type="checkbox"/> Lack of Technology Skills |
| <input type="checkbox"/> Unsure of College Process | <input type="checkbox"/> Afraid to speak up or ask questions in class | <input type="checkbox"/> Disability | |
| <input type="checkbox"/> Other (please specify) | | | |

Semester Income Worksheet

Job/Employment _____
 Grants/Scholarship _____
 Loans _____
 Family _____
 Public Assistance _____
 Other Income _____
 Medical _____

Income Total _____

Semester Expense Worksheet

Tuition & Fees _____
 Books/Supplies _____
 Insurance _____
 Rent/Mortgage _____
 Auto Payments _____
 Loan Payments _____
 Personal/Other _____
 Child Support _____
 Credit Cards _____
 Groceries _____
 Utilities _____
 Transportation _____
 Phone _____

Expense Total _____

Fall Semester Minimum Expectations

- ___ Intake meeting with TRIO Advisor
- ___ Financial literacy participation
- ___ TRIO event, workshop, club meeting participation (1)
- ___ Campus event (1)
- ___ Midterm check-in meeting with TRIO Advisor

Spring Semester Minimum Expectations

- ___ Check-in meeting with TRIO Advisor
- ___ Financial literacy participation
- ___ TRIO event, workshop, club meeting participation (1)
- ___ Campus event (1)
- ___ Midterm check-in meeting with TRIO Advisor

Please note the list above displays MINIMUM expectations. TRIO Advisors are available to meet with you and develop an advising plan at the first meeting of the semester. By signing below, you commit to meetings each semester with your TRIO Advisor to discuss progress towards your goals and academic plan. You understand that if you choose not to fulfill this contract, that it will greatly reduce your chances for success and that you may be dismissed from the TRIO program.

Student Signature _____ Date _____

(Please note: Electronic submission of this application is equivalent to your signature)

TRIO Advisor Signature _____ Date _____