



STUDENT ACHIEVEMENT PLAN

Student Name (please print): _____ USC ID or VIP ID: _____

Academic Coach Name: _____ Appointment Time: _____ Date: _____

This plan is a contract between you and the Office of Student Financial Aid and Scholarships. It is also a part of your appeal for Satisfactory Academic Progress. To complete this plan, schedule an appointment with an academic coach. You can reach the University Advising Center at 803-777-1222.

Each semester, our office will review your progress. If you do not meet the terms of your plan, you will not be eligible for financial aid. This means that if you were awarded any aid, your aid will also be cancelled.

Student

Students, please complete the student section and sign the form.

Is this your first time completing a Satisfactory Academic Progress Appeal? _____

Difficulties experienced or academic concerns (Check all that apply)

Academic	Study Skills	Personal	Family/Social
<input type="checkbox"/> Exam preparation	<input type="checkbox"/> Time management	<input type="checkbox"/> Assault	<input type="checkbox"/> Homesick
<input type="checkbox"/> Attendance	<input type="checkbox"/> Organizational Skills	<input type="checkbox"/> Lack of motivation	<input type="checkbox"/> Difficulty adjusting
<input type="checkbox"/> Tardiness/late for class	<input type="checkbox"/> Reading Comprehension	<input type="checkbox"/> Procrastination	<input type="checkbox"/> Difficulty making friends
<input type="checkbox"/> Uncertain about major	<input type="checkbox"/> Math	<input type="checkbox"/> Pressure/stress	<input type="checkbox"/> Roommate issues
<input type="checkbox"/> Awareness of campus resources	<input type="checkbox"/> Writing	<input type="checkbox"/> Health/Mental Issues	<input type="checkbox"/> Relationship issues
<input type="checkbox"/> Course(s) too advanced	<input type="checkbox"/> Test Taking Anxiety	<input type="checkbox"/> Disability	<input type="checkbox"/> Family issues
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Note Taking	<input type="checkbox"/> Financial concerns	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Presentations	<input type="checkbox"/> Sports/Extracurriculars	
	<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Work (# hours work per week _____)	
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	

What is your UofSC cumulative GPA? _____

What is your completion rate? _____%

List any changes needed to improve your academic performance. Please be detailed with your response(s).

- _____
- _____
- _____
- _____

For Academic Coach Use Only

Please fill out your section of the Achievement Plan for the student during the appointment.

List your recommendations. Please select all that apply. Provide an explanation below of why you provided the recommendation(s). Any information you share is helpful for the appeal process.

<input type="checkbox"/> Academic Advisor <input type="checkbox"/> Academic Coaching <input type="checkbox"/> Bursar's Office <input type="checkbox"/> Exploratory Advising <input type="checkbox"/> Housing <input type="checkbox"/> Increase study time <input type="checkbox"/> Library <input type="checkbox"/> Office of Student Financial Aid and Scholarships <input type="checkbox"/> Professor's Office Hours <input type="checkbox"/> Reduce workload	<input type="checkbox"/> Student Disability Resource Center <input type="checkbox"/> Student Health Center <input type="checkbox"/> Student Success Center <input type="checkbox"/> Supplemental Instruction (SI) <input type="checkbox"/> Tutoring <input type="checkbox"/> UofSC Police Department <input type="checkbox"/> Withdrawal Services <input type="checkbox"/> Writing Center
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[illegible]**Information About the Semester Plan (To be completed by the academic coach.)**

Please note: Students who fail to meet the requirements listed in this Achievement Plan will be required to appeal again and are not eligible to receive aid. Students are only allowed three appeals.

Indicate the length of plan: ☐ 1 Semester ☐ 2 Semesters ☐ 3 Semesters

Semester 1

I will get at least a 2.5 GPA for the semester.

Initials

I will increase course completion rate for the semester.

Initials

_____ I will complete all classes attempted during the semester (no course withdrawals or incompletes).

Initials

I will use resources on campus to assist with educational needs.

Initials

I will contact the financial aid office with questions regarding the Student Achievement Plan.

Initials

Semester 2

_____ I will get at least a 2.5 GPA for the semester.
Initials

_____ I will increase course completion rate for the semester.
Initials

_____ I will complete all classes attempted during the semester (no course withdrawals or incompletes).
Initials

_____ I will use resources on campus to assist with educational needs.
Initials

_____ I will contact the financial aid office with questions regarding the Student Achievement Plan.
Initials

Semester 3

_____ I will get at least a 2.5 GPA for the semester.
Initials

_____ I will increase course completion rate for the semester.
Initials

_____ I will complete all classes attempted during the semester (no course withdrawals or incompletes).
Initials

_____ I will use resources on campus to assist with educational needs.
Initials

_____ I will contact the financial aid office with questions regarding the Student Achievement Plan.
Initials

Certification Statement

The Student Achievement Plan will remain in effect until one or more of the following have happened:

- You are now meeting the Satisfactory Academic Progress policy requirements while on the plan.
- You have met the length of your Student Achievement Plan.
- You do not meet the conditions of your Student Achievement Plan.

I understand that I will be held accountable for completing the steps outlined for each semester of this Student Achievement Plan. To regain eligibility, I understand that I must follow the Student Achievement Plan provided by my academic coach. This plan is for financial aid purposes and it does not act as a substitute for the University's review of your academic standings.

Student Signature: _____ **Date:** _____

Academic Coach Signature: _____ **Date:** _____