

Bemidji State University Office of Teacher Education  
Academic Success Plan

\_\_\_\_\_  
Candidate Name

\_\_\_\_\_  
Candidate ID #

\_\_\_\_\_  
Semester/Year

\_\_\_\_\_  
Major

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Advisor

**A maximum of 3 Academic Success Plans will be grounds for expulsion from the BSU teacher education programs.**

Brief Description of Situation:

**Challenges to being Academically Successful (Check all that apply):**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Academics         | <input type="checkbox"/> Family Responsibility | <input type="checkbox"/> Procrastination        |
| <input type="checkbox"/> Attendance        | <input type="checkbox"/> Relationship(s)       | <input type="checkbox"/> Mental Health          |
| <input type="checkbox"/> Poor Study Habits | <input type="checkbox"/> Financial Obligations | <input type="checkbox"/> Physical Health        |
| <input type="checkbox"/> Time Management   | <input type="checkbox"/> Living Situation      | <input type="checkbox"/> Career/Major Decisions |
| <input type="checkbox"/> Other: _____      |  |   |

Brief Description:

**Support Plan to be Academically Successful (Check all that apply):**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Career Services            | <input type="checkbox"/> TRIO/SSS                   | <input type="checkbox"/> Time Management Skills |
| <input type="checkbox"/> Health & Counseling Center | <input type="checkbox"/> Academic Advising          | <input type="checkbox"/> Study Skills           |
| <input type="checkbox"/> Accessibility Services     | <input type="checkbox"/> University Advising Center | <input type="checkbox"/> Other: _____           |

Brief Description:

**Accountability Plan:**

*What measures will the candidate take to ensure they complete this plan, including a timeline for completion?*

*We will check-in on the student's progress on:* \_\_\_\_\_

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

*By signing this Academic Success Plan, I agree to the above plan.*

**This section to be completed by the Student Success & Retention Committee**

The committee recommends the following action:

Action Met

Meet Again

Removal from Program

*If meeting again, the committee recommends the following date:* \_\_\_\_\_

This action was made by the following committee members:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Role

\_\_\_\_\_  
Name

\_\_\_\_\_  
Role

\_\_\_\_\_  
Name

\_\_\_\_\_  
Role

\_\_\_\_\_  
Name

\_\_\_\_\_  
Role

*A copy of this Academic Success Plan will be emailed to the candidate and advisor as well as uploaded to the candidate's permanent BSU file.*