

Luzerne County Community College Academic Recovery Plan

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Major: \_\_\_\_\_ Advisor: \_\_\_\_\_

Expected Graduation Semester/Year: \_\_\_\_\_

Campus or Community Activities (Clubs, Organizations, Volunteering, etc)

\_\_\_\_\_

\_\_\_\_\_

Academic History (to be completed with advisor)

Total credits attempted: \_\_\_\_\_ Total credits earned: \_\_\_\_\_ Cum GPA: \_\_\_\_\_

# credits repeating this semester: \_\_\_\_\_ # courses being retaken this semester: \_\_\_\_\_

This semester, I will need a GPA of \_\_\_\_\_ to return to good academic standing (see chart below for Academic Progress requirements).

Total Credits Attempted (including transfers)	Minimum Cumulative GPA Required
0 - 18	1.50
19 - 36	1.70
37 - 54	1.90
55+	2.00

## Luzerne County Community College Academic Recovery Plan

What were some of my previous obstacles? (things that got in my way from being successful previously)  
Circle all that apply. Consider which obstacles had the most impact on your previous academic progress.

### Academic

Ineffective Study Skills	Registered for too many courses
Undeveloped time management skills	Poor attendance/skipped class
Unprepared for exams	Uncomfortable classroom environment
Difficulty concentrating	Poor grades on assignments
Conflict with instructor(s)	What worked in high school isn't working here
Unable to comprehend course content	Didn't reach out to my advisor
Didn't enjoy my classes	Not sure how to study
Lack of time to study	

### Major/Career Path

Uncertain about what major to take	Not sure why I was in school
No clear career goals	Someone pushed me to go to college

### Personal/Other

Financial difficulties	Lack of motivation
Health problems (self)	Working too much
Health problems (family)	My work schedule changed
Hard to get out of bed in the morning	Family situation
Substance use	Difficulties with childcare
Possible need for accommodations	Difficulty adjusting to college
Difficulty sleeping at night	Transportation issues
Stress, anxiety, or tension	Lack of support at home
Over-involved with co-curricular activities	

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Goals for this semester (for school or for yourself)

1. \_\_\_\_\_  
\_\_\_\_\_

➤ What resources do I have to help me achieve this goal (from LCCC, the community, my support system, etc.)? \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

➤ What resources do I have to help me achieve this goal (from LCCC, the community, my support system, etc.)? \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

➤ What resources do I have to help me achieve this goal (from LCCC, the community, my support system, etc.)? \_\_\_\_\_  
\_\_\_\_\_

What are my strengths (my abilities, my personal attributes)? List at least 3.

\_\_\_\_\_  
\_\_\_\_\_

What are my assets? (who supports me or will help me? What resources are available to me?) List at least 3.

\_\_\_\_\_  
\_\_\_\_\_

What are some potential obstacles that I might encounter that could get in the way of me successfully completing this semester? (people, necessities such as finances, transportation, my responsibilities, my abilities or attributes, etc.) List at least 3.

\_\_\_\_\_  
\_\_\_\_\_

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Agreement

I recognize that the following actions are critical to my academic recovery:

1. I will attend all classes in which I am enrolled.
2. I will set and abide by a regular study schedule.
3. I will seek help in my courses as needed (tutoring, writing center, study groups, instructor's office hours).
4. I will commit to working towards the goals that I have set for myself this semester.
5. I will make academics my priority over co-curricular & recreational activities.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Planned meetings with advisor

DATE/TIME	PURPOSE	ATTENDED?
	<i>Initial meeting - plan development</i>	