

STUDENT SUCCESS PLAN



Student Name: _____ ID#: _____ Date: _____

Program: _____ Progress %: _____ Attendance%: _____

Current Course: _____ Course End Date: _____ Instructor: _____

Course retake? YES NO Course Retake Attempt: 1 2

Specific academic or behavioral concern:

Student Goals

1. _____

2. _____

3. _____

Support Needed from MTECH Instructor or Counselor

1. _____

2. _____

3. _____

This is an agreement between the student and instructor to work together to meet the goals set above, in order to help the student complete the required courses to succeed in the program, and to avoid possible disciplinary procedures.

Student Signature: _____ Instructor Signature: _____

This plan is in effect until _____
Date