

SUCCESS

SCHOLARS

STOCKTON UNIVERSITY

OSPREY SUCCESS PLAN

Success Scholars Program

Osprey Success Plan

Name: _____ Z#: _____ Date: _____

Previous semester GPA: _____

Previous Cumulative GPA: _____

What were your challenges from the past semester?

What did you do well last semester?

What is your plan to improve your grades?

Success Scholar Program

Co-Curricular Activities, Employment, & Time Management

Employment	Location (on campus/off campus)	Hours Spent

I will limit the number of hours I work per week to (if applicable): _____

Co-Curricular

Activity	Hours Spent Per Week (past semester)	Goal for Hours Spent Per Week
	Total Hours:	Goal Total Hours:

Meet with my CHAMP every . Next meeting will be on
It will be my responsibility to schedule and attend meetings with my mentor.

Success Scholar Program

Weekly Study Schedule

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12:00 AM							
1:00 AM							
2:00 AM							
3:00 AM							
4:00 AM							
5:00 AM							
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
11:00 PM							
12:00 AM							

Success Scholars Program

Student Involvement Plan

What do you do in your free time?

What opportunities were you looking for in college?

When was the last time you were really excited about something? What was it?

If you were going to create a new special interest club or group on campus, what would it be? Why?

Stockton Resources- Paths to Involvement

- Office of Student Development check list of all student groups on campus; Campus Center Suite 240 or call (609) 652-4205
- Athletics-(Intramurals/Club Sports), visit <http://www.stocktonathletics.com> or call (609)652-4873
- Residential Life residence hall associations, call: (609) 652- 4332
- Wellness Center student leader positions/prer health exposure; (609) 652r 4848
- Visit Math and/or Writing Tutoring Center, contact:(609) 652-4441
- Apply as Admissions Ambassador, contact: (609) 652-4261
- Visit the Office of Career Education and Development; (609)-652-4650
- For on-campus employment, visit the Office of Financial Aid: (609) 652-4203

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Personal Goal	Resources Available	Action Steps	Timeline for Completion	Outcomes

Success Scholars Program

Academic Goal Setting

I will set a **realistic**, desired grade for each class as a goal to achieve a semester GPA of _____.

Course	Grade I want	What skills I need to do well in this class	Possible Challenges

I accept responsibility for my academic success. I understand that failure to abide by this agreement may result in withdrawal from Success Scholar Program. I agree to participate in the activities described above and will report any changes in my status to my mentor immediately.

Mentee's Signature: _____

Date: _____

CHAMP/Mentor Signature: _____

Note: Please provide your mentor and the Program a copy of your Osprey Success Plan via email @ studentsuccess@stockton.edu, or submit a copy to the Office of the Program (Room F-101c). SAVE THIS FILE IN YOUR FOLDER BEFORE SENDING A COPY.