

UAS ACADEMIC SUCCESS REVIEW
Financial Aid Office & Academic Advising

STUDENT NAME: _____ ID#: _____

STUDENT EMAIL: _____ PHONE#: _____

PREVIOUS SEMESTER (Year/Semester) _____ SEMESTER GPA _____ CUMULATIVE GPA _____
TOTAL ATTEMPTED HOURS _____ TOTAL HOURS EARNED _____

ACADEMIC REVIEW

1. Challenges

- ___ Personal (family, peers, living situation, medical, financial, etc.)
- ___ Outside work/activities
- ___ Attempted too many courses or difficult combination of courses
- ___ Studying difficulties (needs help with study skills, not enough time studying, etc.)
- ___ Other: _____

2. Referrals/Assignments

- ___ Tutoring: _____ Subject Area(s): _____
- ___ Personal counseling: _____
- ___ Student Success Course: _____
- ___ Meeting schedule with your academic advisor: _____
- ___ Is this student potentially eligible for TRiO Program? _____ Referred? _____
- ___ Utilize professor's office hours: _____
- ___ Other: _____

3. Anticipated Academic Outcome

- ___ Achieve at least a _____ GPA and earn _____ credits this semester
- ___ Other: _____

RECOMMENDED CLASS SCHEDULE

Semester _____ Year _____

Maximum course load _____ credits

Limit outside job/activities to _____ hours per week

1. _____

4. _____

2. _____

5. _____

3. _____

Alts _____

Deadline to withdraw from a class _____

ADDITIONAL ACADEMIC ADVISOR COMMENTS:

Your signature is a good faith agreement to follow the above requirements. Successful completion of this Academic Success Review will help you achieve good academic standing and support consideration of future financial aid requests.

Student's Signature _____

Date _____

Academic Advisor's Printed Name: _____

Department: _____

Academic Advisor's Signature _____

Date _____

Submit original documents to the UAS Financial Aid Office ,11120 Glacier Hwy, Juneau, AK 99801