



FALL SEMESTER 2019 GOALS

Name: _____ Signature: _____

*Please complete and return this form, preferably via email, **no later than September 15, 2019**. You should save a copy to refer to when completing your end-of-semester self-evaluation.*

List your primary goal(s) in each concentration area and your plan for attaining that goal.

CONCENTRATION AREA	GOAL PLAN
Desired GPA	
Progress Towards Program Requirements	
Time Management and Study Skills	
Interaction with Scholars Program Advisor	
Financial Management (budgeting, resources, scholarships)	
Career, Intern/Externship, Grad/Prof School Opportunities	
Self-care (nutrition, sleep, exercise, stress management, social interaction)	

FALL SEMESTER 2019 ACTIONS CHECKLIST

Mark with an "x" for each item completed.

I have taken the following actions:

- identified my academic advisor at my college or university.
- met or plan to meet with that advisor, whose name is _____.
- read and understood policies for each of my courses (including absenteeism).
- learned to compute my grade point average (GPA). *[This may be helpful in making decisions about dropping or withdrawing from a class.]*
- purchased required textbooks and class supplies.
- signed up for office hours with my professors and/or TAs.

I have located the following and understand the services they offer:

- writing center
- tutoring center
- minority student affairs and peer support
- library
- financial aid office
- treasurer/bursar/business office
- student counseling center
- student health/medical center

List other actions you have taken that you believe will assist you in your studies:
