

Fall 20\_\_\_\_
  Spring 20\_\_\_\_
  Summer 20\_\_\_\_

**Name:** \_\_\_\_\_

**KSU ID number:** \_\_\_\_\_

**KSU email:** \_\_\_\_\_

@students.kennesaw.edu **Local phone:** \_\_\_\_\_

Freshman     Sophomore     Junior     Senior   
  Probation     1<sup>st</sup> Dismissal  
 2<sup>nd</sup> Dismissal     Reinstated

**Institutional Grade Point Average** \_\_\_\_\_

## Self-Assessment

**Please rank each area using the following scale:**

- 5...Great Strength/Never a Problem
- 4...Strong Point/Not usually a Problem
- 3...Neutral
- 2...Needs Improvement/Occasionally a Problem
- 1...Significant Weakness/Big Problem

Motivation	5	4	3	2	1
Time management	5	4	3	2	1
Study skills	5	4	3	2	1
Stress management	5	4	3	2	1
Test taking	5	4	3	2	1
Reading/Writing skills	5	4	3	2	1
Learning disability	5	4	3	2	1
Financial concerns	5	4	3	2	1
Illness or injury	5	4	3	2	1
Depression	5	4	3	2	1
Homesickness	5	4	3	2	1
Lack of sleep	5	4	3	2	1
Stress or anxiety	5	4	3	2	1
Memory skills	5	4	3	2	1
Procrastination	5	4	3	2	1
Concentration	5	4	3	2	1
Absences	5	4	3	2	1
Understanding course material	5	4	3	2	1
Confidence about current major/ Career goals	5	4	3	2	1
Alcohol or substance abuse	5	4	3	2	1
Personal relationships	5	4	3	2	1
Housing/roommate	5	4	3	2	1
Extra-curricular obligations	5	4	3	2	1
Family	5	4	3	2	1

**Are you the first in your family to attend college?**

Yes                      No

**Are you currently employed?**

Yes                      No

**If yes, how many hours per week do you work?**

0-10 hrs.              11-20 hrs.  
21-30 hrs.            31-40 hrs.

**How often do you use tutoring, help sessions or other learning assistance support?**

- Often
- Occasionally
- Not often
- Never

**List any specific supports you have used:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How often do you meet with your professors for assistance, inquire to solve problems, explain issues/questions, discuss current class standing or just to get to know them?**

- Often
- Occasionally
- Not often
- Never

**ADVISOR NOTES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please complete the following:

### Resources for student success

Please place a check next to the resources that you will utilize to aid in your academic success at KSU:

- Professor office hours**
- Extra help sessions**
- Tutoring** (Adult & Commuter Affairs Center, ESL Center, Foreign Language Resource Collection, SMART Center, Supplemental Instruction, Writing Center)
- Student support services** (Counseling and Psychological Services, Multicultural Student Affairs, Student Disability Services, Women's Resource Center)
- Peer Mentoring** (Odyssey Peer Mentoring Program)
- Follow up with Academic Advisor**
- Other:** \_\_\_\_\_  
\_\_\_\_\_

### My goals for a successful semester

Please indicate three goals that will assist you with your success this semester and beyond:

- Goal 1:** \_\_\_\_\_  
\_\_\_\_\_
- Goal 2:** \_\_\_\_\_  
\_\_\_\_\_
- Goal 3:** \_\_\_\_\_  
\_\_\_\_\_

***I understand that I (the student) am responsible for my academic success at Kennesaw State University.  
I must maintain a 2.0 institutional GPA to be in good academic standing.***

Student Signature: \_\_\_\_\_ Date / /

Advisor Signature: \_\_\_\_\_ Date / /