

My Student Success Plan

(Your completed plan will be on file in the Advising Center in Rooker Hall.)

First Name: _____

Last Name: _____

Student ID: _____

Date: _____

NRCC Email: _____

Program of Study (Major): _____

Part 1: Completed Courses

Please list any college course you have completed (i.e. dual enrollment or courses taken at another university.). Include the course prefix (i.e. ENG) and course number (i.e. 111).

Course Prefix	Course Number	Grade

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Part 2: Currently Enrolled Courses

Please list all courses in which you are currently enrolled.

Course Prefix	Course Number

Part 3: Course Completion "Success" Plan

Please list all remaining courses required for completion of your program of study and provide a semester by semester completion plan. This plan must be reviewed and approved by your faculty advisor or an Advising Center staff member.

Semester: Year _____

Semester: Year _____

____ Fall ____ Spring ____ Summer

____ Fall ____ Spring ____ Summer

Course Prefix	Course Number

Course Prefix	Course Number

Semester: Year _____

____ Fall ____ Spring ____ Summer

Course Prefix	Course Number

Semester: Year _____

____ Fall ____ Spring ____ Summer

Course Prefix	Course Number

Semester: Year _____

____ Fall ____ Spring ____ Summer

Course Prefix	Course Number

Semester: Year _____

____ Fall ____ Spring ____ Summer

Course Prefix	Course Number

Anticipated Completion: Fall Spring Summer _____ Year

Student Signature

Date

Advisor Signature

Date