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Semester Planning Form

Please complete this form prior to your advising appointment, and include every class you are taking this semester. Bringing this form along with a copy of the paperwork from the initial workshop will allow you and the coach/advisor to discuss how you can work together to have a successful semester.

Course Name:	Course Title:						
Class Time:	Instructor: _						
Instructor's Office Location:		Office Hours:					
Contact Information for Instructor (Email/Phone):							
What is going to be the most challenging part of this course for you?							
What is one thing you will do to be successful in this course?							
What final grade do you want to earn in this class?							
Class Time:	Instructor: _						
Instructor's Office Location:		Office Hours:					
Contact Information for Instructor (Email/Phone):							
What is going to be the most challenging part of this course for you?							
What is one thing you will do to be successful in this course?							
What final grade do you want to earn in this class?							

Course Name:	Course Title:					
Class Time:	Instructor: _					
Instructor's Office Location:		Office Hours:				
Contact Information for Instruc	tor (Email/Phone):					
What is going to be the most of	hallenging part of the	his course for you?				
		his course?				
What final grade do you want		?				
Class Time:	Instructor: _					
Instructor's Office Location:		Office Hours:				
Contact Information for Instruc	tor (Email/Phone):					
		his course for you?				
		his course?				
What final grade do you want		?				
Class Time:	Instructor: _					
Instructor's Office Location: Office Hours:						
Contact Information for Instruc	tor (Email/Phone):					
What is going to be the most of	hallenging part of the	his course for you?				
What is one thing you will do to	o be successful in t	his course?				
What final grade do you want		?				