Minot State University

POWER Academic Success Plan

Name:	ID#:		
MSU Email:	Phone:	Phone: Minor:	
Major:	Minor:		
Your Academic Success	Plan will		
 Allow your advisor to get to know you and your academic strengths and areas for improvement Develop concrete plans related to your academic success 		demic	
Student Agreeme	ent		
 I agree to use the strategies I have mapped out in my Acade understanding of what I need to do to be successful at MS further assistance, I will follow up with my POWER Advisor My typed electronic signature signifies agreement. 	SU. If I have any questions or need		
Student Signature:	Date:		
Academic Advisor Signature:	Date:		
Student Informat Please leave items blank if you are uncomf			
‡ · · · Yes No			
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· · · · Yes No	If so which sport?		
Are you a caretaker for a child, dependent family member, or fr	iend? Yes No		
Do either of your parents have a Bachelor's Degree?	Yes No		
Do you have a documented disability?	Yes No		
Do you plan to complete your undergraduate degree at MSU?	Yes No		
If so, expected graduation date: Term:	Year:		

Question:	Student Response:	Plan (developed with advisor, if needed):	
ACADEMIC/STUDY SKILLS			
What are your strongest subject areas?			
What are your weakest subject areas?			
How many hours do you plan to study each week?			
ACADEMIC PROGRAM			
What type(s) of career(s) are you interested in pursuing?			
How certain are you about your choice of major?			
FINANCIAL			
How concerned are you with the finances of attending college?			
What forms of Financial Aid are you receiving, if any (i.e. scholarships, loans, grants, etc.)?			
PERSONAL			
How do you balance the demands of school with your personal life?			
How do you handle stressful situations?			
WORK			
How many hours do you plan to work each week?			