



Your name: _____

Your CAS Advisor: _____

Date: _____

Your N-number: _____

Part A: Identification

Check off statements that you feel apply to last semester

<p>Course Load</p> <ul style="list-style-type: none"> <input type="checkbox"/> I took too many classes <input type="checkbox"/> I took courses beyond or outside my ability <input type="checkbox"/> I took courses that did not interest me <input type="checkbox"/> I had doubts about my major 	<p>Personal Obligations</p> <ul style="list-style-type: none"> <input type="checkbox"/> I worked part-time <input type="checkbox"/> I had a very active social life <input type="checkbox"/> I had hobbies that require many hours per week <input type="checkbox"/> I took care of a family member at home <input type="checkbox"/> I was involved in many extra-curricular activities
<p>Study Skills & Time Management</p> <ul style="list-style-type: none"> <input type="checkbox"/> I often felt rushed or overwhelmed with life <input type="checkbox"/> I was often late to class and other appointments <input type="checkbox"/> I lost points for missing an exam or not turning in a paper on time <input type="checkbox"/> I earned poor grades on work I thought was excellent <input type="checkbox"/> I spent hours studying for tests that I did not do well on <input type="checkbox"/> I rarely or never used support services like tutoring at the ULC or the Writing Center <input type="checkbox"/> I did not schedule regular periods to study for tests or work on papers <input type="checkbox"/> I feel like I procrastinated often when I should have been working 	<p>Physical or Emotional Stress</p> <ul style="list-style-type: none"> <input type="checkbox"/> I was uncertain about my planned major or career prospects <input type="checkbox"/> I felt homesick <input type="checkbox"/> I was not sure about whether NYU was the right school for me <input type="checkbox"/> I was worried about paying my NYU bill or my personal expenses <input type="checkbox"/> I often felt tired or lacked energy <input type="checkbox"/> I had trouble with family or friends that affected my performance <input type="checkbox"/> I was ill during the semester and it affected my performance <input type="checkbox"/> I became frustrated over my performance and gave up on my school work <input type="checkbox"/> I felt lonely at NYU <input type="checkbox"/> I did not eat well and it affected my performance <input type="checkbox"/> I was not sleeping well, and often got less than 8 hours of sleep



	Describe two obstacles you felt most impacted your performance last semester <i>(be specific)</i>	List potential solutions you might use to solve them <i>(or consider our list below)</i>
1.		
2.		

Potential solutions students often use:

- I will work with my advisor to help me make a study plan
- I will find a good setting to study that is quiet
- I will meet with a Counselor from the Wellness Center, or outside NYU
- I will attend study skills or time management workshops at the University Learning Center
- I will set aside regular times for work that fit into my schedule this semester
- I will utilize the Wasserman Center for Career or Major Exploration
- I will use a tool to help me plan out my weekly schedule (Google or Paper Calendar)
- I will commit to regular tutoring appointments each week
- I will meet with someone in the Moses Center for help with a Learning Disability
- I will cut down my hours working or being part of a group to leave more time for classes
- I will get to know my Professors and commit to meeting them in office hours
- I will make a plan to balance my school and health needs to improve my energy level

After you finish

1. Save your completed form by selecting [File > Save] from the top menu
2. Email your form as an attachment to your Advisor before your meeting