CSM Repeat Approval Worksheet

Name__________________________________________  KSU ID#__________________________

Circle Course Prefix:  BIOL  CHEM  ENVS  ISCI  MATH  PHYS  SCI  STAT

Course Number (ex. 1212 for CHEM 1212) _____________

What semester will you repeat this course?  FALL  SPRING  SUMMER  Year__________

Have you filled out a Repeat Contract for this course in the past?  YES  NO

We understand that things do not always go as planned. Recognizing that, we are committed to student success and are invested in your academic potential. Completing this worksheet with an academic advisor can help you identify some of the obstacles you have faced in previous semesters and determine a plan of action to overcome them.

Check each obstacle that affected your academic success in the course you will be repeating.

Academic/Study Skills
- Learning disability
- Study habits
- Study environment
- Ineffective studying
- Insufficient study time
- Academic preparation
- Reading/Writing skill
- Math skill
- Chemistry skill
- Physics skill
- Note-taking skill
- Concentration
- Unhappy with instructor
- Unclear educational goals

Time Management
- Too much social life
- Too overextended in my outside activities
- Too much TV/ Video games
- Too much social media
- Too much free time

Personal
- New Independent status
- Roommate problems
- Relationships worries/breakup
- Loneliness
- Socially uncomfortable/shy

Personal (cont.)
- Housing problems
- Value conflicts
- Dislike KSU
- Demanding church calling
- Dislike college & studying
- High anxiety
- Previous failure
- Negative attitude
- Parental pressure
- Lack of sleep
- Commute
- Language barrier
- Fear of:
  - Failure
  - Not being perfect
  - Success
  - Making mistakes
  - Difficult tasks

Financial and Work
- Worried about money
- Financial aid requirements
- Inadequate financial aid
- Work too many hours
- Conflicts with the job
- No part-time work available
- Must work to survive

Sensitive
- If your academic obstacle is found among the list below, mark the category heading but not the specific issue. You are strongly encouraged to seek services from professionals such as Counseling and Psychological Services, Career Services, Student Disability Services, Student Health and Wellness, your Physician, etc.
- Anxiety or Stress
- Depression
- Divorce or Separation
- Emotional abuse
- Family health problems
- Family issues/concerns
- Health/Medical worry
- Illness or death
- Learning disability
- Marriage or Relationship issues
- Physical abuse
- Pregnancy
- Rape or assault
- Substance abuse or use
**CSM Repeat Approval Worksheet**

List three of your strengths or amazing academic experiences you have had.

1. __________________________________________
2. __________________________________________
3. __________________________________________

Together, we will create an action plan that will address the obstacles you faced in the previous attempts. This is designed to support you in creating a path to success in this course (and beyond!).

<table>
<thead>
<tr>
<th>Obstacle:</th>
<th>Action Steps:</th>
</tr>
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<tbody>
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<td>How did it interfere with your success?</td>
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*Please keep this for your records*
Name ________________________________  KSU ID# ________________________________

Email ____________________________@students.kennesaw.edu  Semester/Year_____________________

Number of Previous Attempts (Withdrawals included) _____

CSM THIRD REPEAT

Circle Course Prefix:  BIOL   CHEM   ENVS   ISCI   MATH   PHYS   SCI   STAT

Course Number (ex. 1212 for CHEM 1212) ________________

I will utilize the resources available at Kennesaw State University to ensure my success in the course. These resources are (but are not limited to):

- SMART Center
- Professor’s Office Hours
- Student Study Groups
  - I will establish a group at the beginning of the semester and a schedule of when we will study
- SI and/or TA Sessions
- Counseling and Psychological Services
  - Time Management, Managing Stress, Test Taking Workshops, etc.
- Academic Advisors
- Career Counseling through Career Planning and Development

While support is available to me through the university, I am also responsible for establishing an academic environment in my personal life that allows me to thrive. This will require that I:

- ________________________________

- ________________________________

______________________________  __________________
Student Signature                 Date

______________________________  __________________
Advisor Printed Name and Signature  Date

Please bring this last page to the College of Science and Mathematics Advising Center – Science Building, Ste. 204 on Kennesaw Campus. Please check the website for dates when an advisor will be on Marietta campus. http://csm.kennesaw.edu/advising/about.php