

Student Success Self-Assessment

College of Business and Economics
Student Services Center and EOP Satellite
Juniper Hall (JH) 2113
(818) 677-3537

Please complete this self-assessment and bring it with you to your advisement appointment. This information will be used to assess your needs as a probationary student and will remain confidential.

Name _____ Date _____
CSUN Student ID _____ CSUN GPA _____ Total GPA _____
Phone (____) _____ - _____ Major _____
Career Goal _____

Check ALL of the following factors you believe contributed to your current probation status:

- | | | |
|---|---|--|
| <input type="checkbox"/> Feeling Overwhelmed | <input type="checkbox"/> Alcohol or Drug Use | <input type="checkbox"/> Over Involvement in Activities |
| <input type="checkbox"/> Unsure of Major | <input type="checkbox"/> Illness or Injury | <input type="checkbox"/> Social Commitments |
| <input type="checkbox"/> Stress/Anxiety Management | <input type="checkbox"/> Personal Relationship(s) | <input type="checkbox"/> Feeling Lonely |
| <input type="checkbox"/> Procrastination | <input type="checkbox"/> Didn't Attend Class | <input type="checkbox"/> Roommate/Housing Problems |
| <input type="checkbox"/> Family Issues or Obligations | <input type="checkbox"/> Time Management | <input type="checkbox"/> Financial Challenges |
| <input type="checkbox"/> Math Skills | <input type="checkbox"/> Full or Part-time Job | <input type="checkbox"/> Course Load/Took Too Many Units |
| <input type="checkbox"/> Learning Difficulties | <input type="checkbox"/> Homesickness | <input type="checkbox"/> Lack of Interest/Motivation |
| <input type="checkbox"/> Test Taking/Anxiety | <input type="checkbox"/> Boredom | <input type="checkbox"/> Reading or Writing Skills |
| <input type="checkbox"/> Study Habits | <input type="checkbox"/> English Language Skills | |
| <input type="checkbox"/> Other (specify): _____ | | |

How many hours per week were you working last semester? _____ this semester? _____

In school previously:

The subject(s)/class(es) you liked the best: _____

The subject(s)/class(es) you liked the least: _____

Is there anything else you would like to share with your advisor?

How do you plan to get yourself back in good academic standing at CSUN?

Student Success Self-Assessment (Cont'd)

Name _____ CSUN ID _____

This side to be completed with advisor during advisement appointment:

Follow-Up/Recommendations: _____ _____ _____ _____ _____
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Current Semester Courses	Next Semester Courses
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ I have received the Student Success Information Sheet. It is my responsibility to read and understand the information provided.

Student's Signature _____

Date _____

Advisor Name _____

Advisor Email _____