



TRiO SSS/SSS-STEM Health Sciences PROGRAMS
Annual College Success Plan



Student Contact

Student's Name:	Date:
Updated Phone:	Student ID:
Major/Program:	<input type="checkbox"/> SSS Classic <input type="checkbox"/> SSS STEM

TRiO Services Requested – This semester I would like to:

<input type="checkbox"/> Course Selection <input type="checkbox"/> Personal Counseling <input type="checkbox"/> Understanding the College Environment <input type="checkbox"/> Financial Aid/Scholarship Advising <input type="checkbox"/> Understanding Degree Requirements <input type="checkbox"/> Personal Counseling <input type="checkbox"/> Mentoring <input type="checkbox"/> Workshops If yes, list workshop topics of interest: _____	<input type="checkbox"/> Career Coaching <input type="checkbox"/> Transfer School Preparation <input type="checkbox"/> Access to Cultural Activities <input type="checkbox"/> Life Coaching <input type="checkbox"/> Supplemental Instruction <input type="checkbox"/> Grant Aid Application <input type="checkbox"/> Tutoring If yes, list subjects where support is needed: _____
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What other areas will you need assistance with?

<input type="checkbox"/> Financial Management <input type="checkbox"/> Relationships Building <input type="checkbox"/> Leadership Development <input type="checkbox"/> Transfer Support <input type="checkbox"/> Goal Setting/Coaching	<input type="checkbox"/> Self-Confidence Building <input type="checkbox"/> Anxiety/Stress Management <input type="checkbox"/> Academic Skills: _____ <input type="checkbox"/> Job Preparedness (Resume, Interview skill, etc.) <input type="checkbox"/> Other: _____
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Updated Documents

<input type="checkbox"/> Semester Schedule	<input type="checkbox"/> Unofficial Transcript	<input type="checkbox"/> Financial Aid Documents
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Staff Suggestions: N/A

Student Contract

If accepted into Student Support Services or SSS-STEM, I will be eligible for the following benefits:

- SSS or SSS-STEM staff who services as my academic mentor, advisor, career coach and counselor
- SSS or SSS-STEM Grant Aid (once completed additional application)
- Cultural Activities

If accepted into Student Support Services or SSS-STEM, I agree to the following:

- Attend the SSS or SSS- STEM New Student Orientation
- As a freshman, I will meet with a SSS staff member at least 4 times a semester
- I will attend two workshops a semester provided by SSS or SSS-STEM.
- I will participate in two mentor activities
- As a second-year participant, I will meet with a SSS or SSS-STEM staff member at least 3 times a semester
- I will submit my FAFSA by the March 2 priority deadline every year
- I will review my mid-term progress reports each semester and discuss my grades with an SSS staff member
- I will read/check my email weekly to keep updated and current with SSS or SSS-STEM activities

By signing this document, you agree that this self-assessment is true and complete as well as the Individual Education Plan has been reviewed together and you agree to complete tasks and meetings necessary to meet goals outlined.

Student Signature: _____ **Date:** _____

SSS or SSS-STEM Staff Signature: _____ **Date:** _____

**Staff and Student Signature
Acknowledgment of Completion of the above College Success Plan**

Student Signature: _____ **Date:** _____

SSS or SSS-STEM Staff Signature: _____ **Date:** _____