

# UCAN Application Form

<b>Name:</b>	<b>ID:</b>	<b>Phone: (cell # appreciated)</b>
<b>UCA Email:</b>	<b>Address:</b>	<b>City, State and Zip</b>
<b>Major:</b>	<b>Cumulative GPA:</b>	<b>Cumulative Credits(#):</b>

## A. Factors that affected my academic performance (check all that apply):

Academic:

- |  |   |
|--|---|
| <input type="checkbox"/> Did not attend class<br><input type="checkbox"/> Too many courses<br><input type="checkbox"/> Difficulties with course content<br><input type="checkbox"/> Lack of interest in course material<br><input type="checkbox"/> Did not study enough<br><input type="checkbox"/> Do not know how to study effectively<br><input type="checkbox"/> Material was harder than I expected<br><input type="checkbox"/> Math, Reading or Writing Skills _____<br><input type="checkbox"/> No textbook<br><input type="checkbox"/> Did not read textbook<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Did not participate in class<br><input type="checkbox"/> Poor study environment<br><input type="checkbox"/> Conflict with instructor<br><input type="checkbox"/> Learning disability (ADD, ADHD, etc.) _____<br><input type="checkbox"/> Did not take notes<br><input type="checkbox"/> I never had to study in high school<br><input type="checkbox"/> Uncomfortable class environment<br><input type="checkbox"/> Language Barrier _____<br><input type="checkbox"/> Did not complete homework |
|--|---|

Personal:

- |  |   |
|--|---|
| <input type="checkbox"/> Felt overwhelmed<br><input type="checkbox"/> Difficulty managing stress<br><input type="checkbox"/> Homesickness/missing friends<br><input type="checkbox"/> Easily distracted by friends or social activities<br><input type="checkbox"/> Financial problems (loss of tuition, housing, aid, etc.) _____<br><input type="checkbox"/> Lack of support from family/friends<br><br><input type="checkbox"/> Gave up<br><input type="checkbox"/> Too many commitments<br><input type="checkbox"/> Work too much<br><br><input type="checkbox"/> Poor time management<br><input type="checkbox"/> Mental health concerns (stress, anxiety, depression, etc.) _____<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Not sure about program of study/career<br><input type="checkbox"/> Alcohol/substance use _____<br><input type="checkbox"/> Family pressures<br><input type="checkbox"/> Issues with living situation or roommate<br><input type="checkbox"/> Medical/health issues _____<br><input type="checkbox"/> Lack of motivation<br><input type="checkbox"/> Procrastination<br><br><input type="checkbox"/> Not sure why I'm in school<br><input type="checkbox"/> Reluctance to seek assistance<br><input type="checkbox"/> Change in relationship with someone special to me<br><input type="checkbox"/> Did not want to be here |
|--|---|

**B. Actions/strategies I will take to achieve success (check all that apply):**

- Discover what is important in my classes
- Take notes that will enhance my studying
- Diminish social interactions
- Sit toward the front of the classroom
- Choose courses majors aligned with my academic strengths
- Envision success instead of failure while I learn or prepare for test taking
- Learn, understand, and practice course material rather than memorizing
- Seek tutoring and participate in study groups to support my academic success
- Other: \_\_\_\_\_
- Prepare, attend, and actively engage in all classes
- Ask questions in class to clarify my understanding
- Complete all assignments in a thorough, timely manner
- Stay on campus to study between classes
- Balance my course load with other commitments
- Associate with students focused on academic success
- Use a planner/calendar to help me organize and prioritize my time, study schedule, and activities

At your interview, be prepared to answer why you should be accepted into the UCAN program.

**If accepted you must: (please check)**

- Attend the orientation meeting prior to the first day of classes.
- Attend weekly academic success workshops.
- Attend and successfully complete a one-hour, non-credit seminar.
- Limit your enrollment hours.
- Complete study hours in the library

By submitting this application form, I understand that I am petitioning for immediate conditional readmission to the University in lieu of completing a first academic suspension. I know that if accepted into the program, I will be asked to sign a contract outlining the requirements of the UCAN Program and will be expected to comply with these requirements throughout the semester. I also understand that my enrollment at the university can be revoked for non-compliance with the requirements for the program.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

For Office Use Only

<b>Seminar</b>	
<b>Instructor</b>	
<b>Fall---Summer---Spring</b>	<b>Year</b>

