**Academic Counseling Inventory**

Name _______________________________ WU ID# ___________________ Date __________

Phone ___________________ WU Student Email _______________ Advisor: _______________

What is your preferred method of communication? Phone    Text    E-mail    Facebook/Other

If you select Facebook, be sure to “like” our page

Class Standing:   FR    SO    JR    SR    PB    Total College Credits __________

Transfer student?   ___yes   ___no   If yes, where are you transferring from? _______________

If no, when was the last time you were in school? ____________________________

Last semester GPA____

Branch of Military: ________________________________

Were you deployed? _____________   If yes, how many times? _____________

Were you in the war zone? __________

How do you think your experience in the military will help and/or hinder your academic career?

**PERSONAL BACKGROUND INFORMATION:**

(a) Why did you decide to go to college? (b) Why did you choose this college?

Will you be working or volunteering this term? If so, how many hours per week? On or off campus?

Will you have family responsibilities this term?

How confident or comfortable do you feel right now about being here and being successful here?

What are you most excited or enthused about now?
What are you most concerned or worried about now?

**FUTURE PLANS:**

Intended major? (How sure are you about this choice?) What led you this choice?

**PERSONAL ABILITIES/APTITUDES:**

What are you really good at? What comes easily or naturally to you?

What would you say are your most well-developed skills or talents?

What would your best friends says is your most likable personal quality or characteristic?

What would you say have been your (a) most enjoyable and (b) least enjoyable learning experiences?

What are you most proud of in your life thus far?

**PERSONAL INTERESTS:**

What sorts of things do you look forward to, and get excited about?

What types of things do you have no trouble getting up or psyching up to do and that you do not put off or procrastinate about doing?
What academic subjects seem to interest you the most (if any)?

**PERSONAL VALUES:**

What would be one thing that you really stand for or believe in?

How would you define success? (What does “being successful” mean to you?)

**ACADEMIC COUNSELING EXPECTATIONS:**

When you hear the term “Academic Counselor,” what is the first thing that comes to mind?

What information or topics do you think will be discussed during the mentoring process?


**FINAL QUESTION:**

Is there anything else about yourself that you’d like to share, or that you think I should be aware of, which might help me get to know you better or enable me to be a more effective counselor to you?
Academic Action Plan

My goals this semester are:
1. ___________________________________________________________
2. ___________________________________________________________
3. ___________________________________________________________

Additional Recommendations:
1. Meet with each of your instructors at least once during their office hours.
2. Keep your scheduled advising appointments, contact your advisor if you need help.

ACADEMIC RESOURCES

Please check the resources below that you believe will be helpful for your academic success:

Academic Resource Center
- Academic Mentoring
- Study skills
- Tutoring
- Time management
- Note taking
- Test taking
- Work with specialists to arrange accommodations for learning and other disabilities
- Individual tutoring, help with homework, review of concepts.
- Schedule appointment to work with writing experts on your papers and writing assignments. Call or schedule online at

I have completed this form and reviewed it with my Academic Counselor_____ (Initial)

I agree to follow the plan I have outlined.

__________________________________________ _______________
Name Date

This agreement will not be a part of my permanent student record.