

TRiO: Student Success Plan

Name _____

Date: _____

Recommendation of Services, Action and/or Plan	Plan Addresses my Progress in (check one)	Timeline
	<input type="checkbox"/> Academic Preparedness <input type="checkbox"/> Transfer Readiness <input type="checkbox"/> Financial Literacy <input type="checkbox"/> Community Engagement <input type="checkbox"/> Other	
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Next Meeting with My TRiO Advisor - Date: _____ Time: _____
 My TRiO Orientation is scheduled for: Date: _____ Time: _____

TRiO Advisor: Make a copy and give to the student. Keep original in the student file.