

This form is to be used in the following circumstances:

- A student seeks assistance with their academic progress from staff in the Learning and Teaching Unit
- A student is referred to the Learning and Teaching Unit by an academic staff member
- A student has received an Academic Review letter and is required to meet with their Program Director or Course Coordinator

Part B provides an opportunity for students to reflect on their academic progress and is to be completed prior to their appointment with the staff member.

Part C is to be completed by the staff member, in consultation with the student.

Part A: Personal details

Student ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr/Miss/Ms/Mrs:	First name(s):							
Family name:								
Date of birth:	Contact No:							

Program details:

Program code:	Program title:
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Part B: To be completed by the student before meeting with a staff member

Question 1: What do you think have been the main obstacles to your academic success?
Note your ideas below to discuss at your appointment.

Question 2: What do you think can be done to manage or resolve these issues?
Note your ideas below to discuss at your appointment.

Part C: Action plan - to be completed by staff member in consultation with the student

Student Declaration

I confirm that:

- the above is an accurate record of the issues discussed and the advice I have received during my academic counselling appointment
- I understand the advice I have received
- I have been provided with a copy of this Academic Review – Action Plan

Student Signature:

Date:

Staff Member Declaration

I confirm that:

- the above is an accurate record of the issues discussed and the advice I have provided during this academic counselling appointment
- the original copy of this completed form will be sent to Campus Central to be retained on the student's file
- I have provided the student with a copy of this completed Academic Review – Action Plan

Staff member's name:

Staff member's position

Staff member's signature:

Date:

LODGEMENT DETAILS**The original form must be lodged with campus central. A copy must be provided to the student.****In person****City East**Campus Central
Level 3
Playford Building**Mawson Lakes**Campus Central
Ground Floor
A Building**City West**Campus Central
Ground Floor
Yungondi Building**Mount Gambier**Regional Centre Office
Wireless Road
Mount Gambier SA 5290**Magill**Campus Central
Level 1
B Block**Whyalla**Campus Central
Ground Floor
Main Building
111 Nicolson Avenue
Whyalla Norrie SA 5608**By post**University of South Australia
Campus Central – (name of campus)
GPO Box 2471
Adelaide SA 5000**By fax**

City East	+61 8 8302 2466
City West	+61 8 8302 0590
Magill	+61 8 8302 4090
Mawson Lakes	+61 8 8302 3550
Mount Gambier & Whyalla	+61 8 8647 6082

OFFICE USE ONLY**Campus Central** Original form received and retained on student file. Attendance recorded as comment on Medici.

Date received:

Date processed:

Received by:

Processed by: