

# MISSOULA COLLEGE

UNIVERSITY OF MONTANA

## For Students on Academic Suspension

**(Complete and bring to your meeting with the Retention Advisor)**

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Address \_\_\_\_\_  
(Street address) (City) (State) (Zip)

Phone # \_\_\_\_\_ E-mail address \_\_\_\_\_

### What do you believe to be the primary reason(s) for your past academic difficulties? (Check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Poor attendance                       | <input type="checkbox"/> Lack of organization          |
| <input type="checkbox"/> Unsure of major                       | <input type="checkbox"/> Time management problems      |
| <input type="checkbox"/> Unsure about occupational goals       | <input type="checkbox"/> Procrastination               |
| <input type="checkbox"/> Lack of goals                         | <input type="checkbox"/> Too much partying/social life |
| <input type="checkbox"/> Lack of motivation                    | <input type="checkbox"/> Roommate problems             |
| <input type="checkbox"/> Unaware of resources (tutoring, etc.) | <input type="checkbox"/> Financial problems            |
| <input type="checkbox"/> Did not use resources                 | <input type="checkbox"/> Housing problems              |
| <input type="checkbox"/> Poor study habits                     | <input type="checkbox"/> Family issues                 |
| <input type="checkbox"/> Unprepared academically               | <input type="checkbox"/> Health issues                 |
| <input type="checkbox"/> Courses too difficult                 | <input type="checkbox"/> Personal issues               |
| <input type="checkbox"/> Course load too heavy                 | <input type="checkbox"/> Child care issues             |
| <input type="checkbox"/> Disability-related issues             | <input type="checkbox"/> Work schedule demands         |
| <input type="checkbox"/> Other (explain) _____                 |  |

In which courses did you experience academic difficulty?

\_\_\_\_\_

**In your own words**, please provide details for regarding reasons marked above (use reverse side of form if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_