Academic Review Meeting Form Chapter Accreditation Plan

Chapter/Council Information: Council: _____ Name of Council Officer Submitting Form: Title of Council Officer Submitting Form: Email Address: Name of Chapter Officer Overseeing Scholarship: Title of Chapter Officer Overseeing Scholarship: Email Address: GPA Requirement to be Considered in Good Standing: **Questions to Ask Chapter Representative:** What are the reoccurring reasons, stated by members, that they don't do well in their classes: ☐ Wasn't Prepared for Tests ☐ Personal Circumstances ☐ Took Too Many Classes ☐ Worked Too Much So Classes Suffered ☐ Too Many Chapter Obligations □ Recognized that They May Be in the Wrong Major

What trends have you identified among members who did not perform well last semester?

□OTHER

What <u>INTERNAL</u> chapter resources does your organization have in place to help promote academic success? (This should be for ALL members.)	
Aside from the library, what <u>EXTERNAL</u> resources do y	our members utilize?
If a chapter member fails to earn the minimum GPA to be in good standing, what must they do/what can't they do?	
What can your respective council do to help promote academic success within your chapter?	
Recommendations for Chapter:	
	For office use only: