



If you are an offshore student please refer to this link:

<http://i.unisa.edu.au/campus-central/Student-Forms/offshore-student-forms/>

This form is to be used in the following circumstances:

- a. A student seeks assistance with their academic progress from staff in the Student Engagement Unit
- b. A student is referred to the Student Engagement Unit by an academic staff member
- c. A student has received an Academic Review letter and is required to meet with their Program Director/ Academic staff nominee 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: <ul style="list-style-type: none"> <li>the above is an accurate record of the issues discussed and the advice I have received during my academic counselling appointment</li> <li>I understand the advice I have received</li> <li>I have been provided with a copy of this Academic Review – Action Plan</li> </ul>	
Student Signature:	Date:

Staff Member Declaration	
I confirm that: <ul style="list-style-type: none"> <li>the above is an accurate record of the issues discussed and the advice I have provided during this academic counselling appointment</li> <li>the original copy of this completed form will be sent to Campus Central to be retained on the student's file</li> <li>I have provided the student with a copy of this completed Academic Review – Action Plan</li> </ul>	
Staff member's name:	
Staff member's position:	
Staff member's signature:	Date:

LODGEMENT DETAILS			
<b>The original form must be lodged with Campus Central by the Program Director. A copy must be provided to the student.</b>			
<b><u>In person</u></b>			<b><u>By post</u></b>
<b>City East</b> Campus Central Level 3 Playford Building	<b>City West</b> Campus Central Level 2 Jeffrey Smart Building	<b>Magill</b> Campus Central Level 1 B Block	University of South Australia Campus Central – (name of campus) GPO Box 2471 Adelaide SA 5001
<b>Mawson Lakes</b> Campus Central Ground Floor C Building	<b>Mount Gambier</b> Regional Centre Office Wireless Road Mount Gambier SA 5290	<b>Whyalla</b> Campus Central Ground Floor Main Building 111 Nicolson Avenue Whyalla Norrie SA 5608	<b><u>By email</u></b> City East City West Magill Mawson Lakes Whyalla Mount Gambier
			<a href="mailto:campuscentral.cityeast@unisa.edu.au">campuscentral.cityeast@unisa.edu.au</a> <a href="mailto:campuscentral.citywest@unisa.edu.au">campuscentral.citywest@unisa.edu.au</a> <a href="mailto:campuscentral.magill@unisa.edu.au">campuscentral.magill@unisa.edu.au</a> <a href="mailto:campuscentral.mawsonlakes@unisa.edu.au">campuscentral.mawsonlakes@unisa.edu.au</a> <a href="mailto:campuscentral.whyalla@unisa.edu.au">campuscentral.whyalla@unisa.edu.au</a> <a href="mailto:campuscentral.mtgambier@unisa.edu.au">campuscentral.mtgambier@unisa.edu.au</a>

OFFICE USE ONLY	
<b>Campus Central</b>	
<input type="checkbox"/> Original form received and retained on student file.	<input type="checkbox"/> Attendance recorded as comment on Medici.
Date received:	Date processed:
Received by:	Processed by: