

Designing for First-Year Persistence: The Health Start Badge as a Digital Micro-Credential Model for Student Success

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Abstract

First-year persistence remains a critical challenge for access-oriented institutions, especially for students navigating unfamiliar academic systems, financial pressures, and limited informal networks. This conceptual-practice article presents the Health Start Badge, a student-success digital micro-credential for first-semester students entering health and human-service disciplines. Grounded in Tinto's student persistence theory, Bronfenbrenner's ecological systems theory, and strengths-based education, the model sequences advising, peer engagement, professional identity exploration, interprofessional learning, community engagement, and reflection into a visible 15-week pathway. The article clarifies badge architecture, completion evidence, verification workflow, and program-level evaluation, offering a transferable framework for reducing navigation, transparency, and support barriers and strengthening belonging, purpose, and persistence.

Keywords: digital badges; micro-credentials; student retention; first-year experience; belonging; health professions; access; student success

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First-year persistence remains one of the most important indicators of institutional effectiveness in higher education. National data show that, among students who began postsecondary education in fall 2023, 77.6% persisted to any institution and 69.5% were

retained at their starting institution by the following fall (National Student Clearinghouse Research Center [NSCRC], 2025). These figures suggest modest progress, but they also reveal that nearly one in three students did not return to the same institution for the second fall term. For regional public universities and access-oriented institutions, these patterns carry academic, financial, access, persistence, and workforce implications because early departure often occurs before students have fully developed a sense of belonging, academic purpose, or professional identity.

Retention challenges are especially consequential in health and human-service disciplines. These fields depend on sustained student progression to meet regional workforce needs, strengthen professional pipelines, and support communities facing complex health and social needs. Yet the first semester often requires students to navigate unfamiliar expectations, advising systems, course sequences, financial pressures, professional language, and institutional norms. For students who are new to college systems, managing financial pressure, transferring between institutions, balancing work responsibilities, or otherwise navigating limited access to informal institutional knowledge, these demands may be intensified by uneven access to social capital and informal knowledge about how college works (Finley & McNair, 2013).

Traditional retention approaches have included first-year seminars, learning communities, early-alert systems, proactive advising, tutoring, supplemental instruction, peer mentoring, and other high-impact educational practices (Braxton et al., 2014; Kuh, 2008). These interventions have contributed important tools to student success practice, but they are often implemented as separate services rather than as an integrated developmental pathway. Students may receive support only after they miss assignments, earn low grades, or are flagged as at risk. The Health Start Badge responds to this limitation by embedding support before crisis points emerge. It makes early engagement visible, competency-based, and connected to students' developing identities as future health and human-service professionals.

The purpose of this article is to present the Health Start Badge as a transferable model for designing first-year persistence through digital micro-credentialing. The article makes four contributions to student success practice and scholarship. First, it situates digital badges within current research on micro-credentials, feedback, motivation, and verifiable learning. Second, it deepens the theoretical foundation by integrating Tinto's theory of student persistence, Bronfenbrenner's ecological systems theory, and strengths-based education. Third, it clarifies the badge architecture, completion criteria, student-facing process, and verification workflow. Fourth, it advances a practical implementation and evaluation roadmap that can help institutions study digital badges as student-success infrastructure for belonging, navigation, and persistence rather than as isolated participation awards.

Digital Badges and Micro-Credentials as Student Success Tools

Digital badges are verifiable representations of learning, participation, or competency attainment. Unlike a generic certificate of completion, an open badge can include metadata describing the issuer, recipient, criteria, evidence, date of issue, alignment to competencies, and verification information (1EdTech Consortium, 2024a, 2024b). This metadata-rich structure allows badges to function as both a visible symbol of achievement and a portable record of the learning or engagement that produced it.

Micro-credentials and digital badges have gained increasing attention in higher education as institutions seek more flexible ways to recognize skills, co-curricular learning, and competency development. Ahsan et al. (2023) found that micro-credentials in higher education are commonly connected to digital badges and that implementation requires attention to institutional context, stakeholder roles, technology infrastructure, assessment criteria, and quality assurance. Kiiskila et al. (2023) similarly emphasized that students' perceptions of digital credential value depend in part on transparency, usefulness, metadata, and the extent to which credentials are understandable and shareable.

The badge literature also cautions against assuming that badges automatically improve motivation or retention. Abramovich et al. (2013) demonstrated that the motivational

effects of badges depend on badge type, learner characteristics, and the design of the learning environment. Ahn et al. (2014) argued that open badges must be understood simultaneously as motivational tools, pedagogical structures, and credentials. Gibson et al. (2015) described digital badges as tools that can support recognition and learning pathways when they are intentionally designed rather than merely added to existing activities. Therefore, the key question is not whether a badge exists, but whether the badge is embedded within a coherent educational system that provides feedback, structure, meaning, and evidence of learning.

This distinction is central to the Health Start Badge. The model is not based on the assumption that any first-year badge will increase persistence. Instead, it is based on the premise that a scaffolded, competency-based, student-facing badge can strengthen early engagement when it is embedded within advising, peer connection, professional identity formation, and reflective learning. In this sense, the badge is a delivery structure for student success practices already supported by the persistence literature. It makes those practices visible, sequenced, trackable, and affirming, thereby extending digital badge scholarship from recognition of discrete skills toward a broader model of developmental student success infrastructure.

Theoretical Framework

The Health Start Badge is grounded in three complementary theoretical perspectives: Tinto's theory of student persistence, Bronfenbrenner's ecological systems theory, and strengths-based education. Together, these frameworks shift the retention conversation away from a deficit view of students and toward the intentional design of environments that support belonging, agency, and identity development.

Tinto and Student Persistence

Tinto's work remains foundational in retention scholarship because it places academic and social integration at the center of student persistence (Tinto, 1993). Later refinements emphasize that students do not simply seek to be retained by institutions; they seek to persist toward personally meaningful goals (Tinto, 2017). This distinction is important for student success programming. Retention is an institutional outcome, while persistence is experienced by students as motivation, confidence, connection, and progress toward a valued future.

The Health Start Badge operationalizes this perspective by translating academic and social integration into visible engagement milestones. Advising check-ins connect students to academic systems. Peer engagement activities support social integration. Professional speaker events and interprofessional learning help students connect coursework to future purpose. Reflective artifacts ask students to make meaning from these experiences. Through this structure, persistence is not treated as a trait students either possess or lack; it is cultivated through repeated institutional signals that students belong, matter, and have a pathway forward.

Belonging, Mattering, and Identity

Contemporary retention scholarship has extended Tinto's work by emphasizing belonging, mattering, engagement, and institutional fit. Sense of belonging has been associated with persistence intentions among first-year students (Hausmann et al., 2009), and Strayhorn (2012) framed belonging as a basic human need that is especially consequential in educational transitions. Walton and Cohen (2011) further demonstrated that carefully designed belonging interventions can improve academic and well-being outcomes by reframing social adversity as common and temporary rather than as evidence that a student does not belong.

The Health Start Badge targets multiple forms of belonging. Academic belonging is supported through advising, resource navigation, and transparent expectations. Social

belonging is supported through peer engagement and cohort-based activities. Institutional belonging is supported by early contact with faculty, advisors, and student success staff. Emerging professional belonging is supported through exposure to health and human-service roles, interprofessional education, and reflection on values and career purpose, which aligns with evidence that early professional identity formation influences first-year health and social care students' development (Adams et al., 2006). Naming these dimensions clarifies that the badge is not simply about social participation; it is about helping students see themselves as legitimate members of an academic, institutional, and professional community.

Bronfenbrenner's Ecological Systems Theory

Bronfenbrenner's (1979) ecological systems theory situates human development within nested and interacting contexts. Applied to college persistence, students' choices and outcomes are shaped not only by individual motivation, but also by peer networks, advising structures, faculty interaction, family responsibilities, employment, institutional policies, and community conditions. This ecological view is particularly useful for first-year students in health and human-service fields because they often balance academic expectations with caregiving roles, work obligations, transportation challenges, and uncertainty about professional pathways.

The Health Start Badge functions as an ecological intervention because it connects students to multiple support systems during the first semester. The student does not encounter advising, peer mentoring, interprofessional education, and community engagement as unrelated activities. Instead, these experiences are linked within one developmental pathway. The badge therefore becomes a mechanism for aligning micro-level support, such as an advising conversation, with meso-level support, such as faculty and peer networks, and macro-level goals, such as workforce development and broader access and progression in health professions education.

Strengths-Based Education

The Health Start Badge also draws from strengths-based education. Saleebey's (1996) strengths perspective challenged deficit-based views in social work by emphasizing capacity, resilience, and resources. In higher education, strengths-based advising and teaching similarly encourage faculty and staff to identify students' assets and help them apply those assets to academic challenges (Lopez & Louis, 2009; Schreiner & Anderson, 2005). Soria and Stubblefield (2015) linked strengths-based campus initiatives to student retention by highlighting the importance of strengths awareness, engagement, and institutional support.

This strengths-based orientation is essential for access-oriented student success. The Health Start Badge does not frame students as deficient because they are first-generation, Pell-eligible, transfer, working, or new to professional education. Instead, it assumes that institutions must make expectations explicit, create structured opportunities for connection, and affirm students' existing talents and aspirations.

The Health Start Badge Model

The Health Start Badge is a 15-week, competency-based digital micro-credential developed for first-year students entering health and human-service disciplines. The name Health Start signals a discipline-specific first-semester pathway for students beginning programs connected to health, wellness, rehabilitation, social services, public health, or human services. Although the model was designed within a College of Health context, the underlying structure is transferable to other disciplines and could be adapted under names such as Strong Start, Successful Start, or Career Start if implemented outside health-related programs.

The badge is designed as one culminating digital credential rather than 15 separate badges. Students complete a sequence of required and documented engagement activities during the first semester. Progress is made transparent through the learning management system, a badge platform, or an integrated student success platform. Depending on institutional

infrastructure, the badge may be issued through the LMS, a third-party credentialing system, or an open-badge compliant platform. The essential requirement is that students can see the criteria, track their progress, upload or complete evidence, and understand how each activity connects to belonging, purpose, resilience, and professional identity.

Students first learn about the badge during orientation, a first-year experience course, or an advising launch session. The first point of contact may be an FYE instructor, academic advisor, peer mentor, or student success coordinator. The badge orientation explains what the badge represents, why it matters, where it lives digitally, how progress is tracked, what evidence must be completed, and how the final badge will be awarded. Competencies are made transparent in the syllabus, LMS badge shell, completion checklist, course outcomes, and advising materials. To protect clarity and consistency, programs should use a common student-facing checklist, a documented verification protocol, and a predictable outreach process for students who miss early milestones. Table 1 presents the major Health Start Badge activities, their timing, theoretical anchors, competency focus, and evidence of completion.

Table 1
Health Start Badge Activities, Competency Outcomes, and Evidence of Completion

Activity	Timing	Theoretical Anchor	Competency Focus	Evidence of Completion
Welcome and Belonging Kickoff	Week 1	Tinto; belonging theory	Social and institutional belonging; peer connection	Attendance record; reflection prompt; completion checklist
Badge Orientation and Digital Navigation Module	Week 1 or 2	Digital badge literature; self-regulated learning	Digital literacy; understanding criteria; progress monitoring	Orientation quiz; LMS acknowledgment; badge checklist
Academic Advising Check-In	Weeks 2-4	Tinto; strengths-based advising	Goal setting; academic planning; help-seeking; resource navigation	Advisor confirmation; advising notes; student goal statement
Peer Engagement or Learning Community Activity	Weeks 3-6	Belonging; ecological systems theory	Peer connection; institutional fit; social support	Attendance record; peer mentor verification; short reflection
Health Professions and Human-Service Career Exploration	Weeks 5-9	Professional identity formation	Career purpose; ethical awareness; professional values	Event reflection; career pathway worksheet
Interprofessional Education or Simulation Experience	Weeks 9-11	Ecological systems theory; experiential learning	Teamwork; role clarification; communication; systems thinking	Simulation rubric or participation verification; debrief reflection
Community Engagement or Service Activity	Weeks 11-13	Experiential learning	Civic responsibility; advocacy;	Supervisor or faculty verification;

			community connection	reflection or photo journal when appropriate
Culminating Reflective Artifact	Weeks 14-15	Strengths-based education; integrative reflection	Self-assessment; purpose; belonging; resilience; next-step planning	Multimedia artifact, written reflection, or e-portfolio submission

The badge architecture is intentionally transparent. Each required activity has a stated purpose, student-facing competency, evidence requirement, and verification method. This transparency matters because many first-year students do not know which engagement activities are optional, which are developmental, and which are essential for navigating college successfully. The badge converts tacit expectations into explicit milestones.

Access-Oriented Student Success Design

The Health Start Badge is designed to reduce navigation and transparency barriers. These barriers include informal expectations, unspoken rules, and tacit knowledge that often shape student success but are not consistently explained to new students.

Continuing-generation students may have greater access to family or social networks that explain how to communicate with faculty, use office hours, plan course sequences, or seek help before academic difficulty escalates. Students who are new to college systems, managing financial pressure, transferring between institutions, or balancing work responsibilities may have equal ability but less access to these informal knowledge channels.

The badge responds to these barriers in five ways. First, it makes expectations explicit by listing required milestones, competencies, and evidence of completion. Second, it normalizes early help-seeking by requiring advising contact before academic difficulty becomes a crisis. Third, it creates structured peer connection so students are not expected

to build social networks on their own. Fourth, it links academic work to professional purpose, helping students understand why early persistence matters for future careers. Fifth, it allows faculty, advisors, and student success staff to monitor engagement patterns early enough to provide support.

Access-oriented design does not mean that every student receives identical support. It means that the system provides universal access to essential developmental experiences while allowing advisors, peer mentors, and faculty to respond to individual needs. For example, a student who misses the badge orientation may receive outreach from a peer mentor. A student who completes the advising check-in but reports uncertainty about the major may be referred to career exploration. A student who is engaged socially but struggling academically may be directed to tutoring or supplemental instruction. In this way, the badge functions as a structured entry point into differentiated support.

Implementation Roadmap

The Health Start Badge is designed to be embedded within existing first-year infrastructure rather than created as an isolated initiative. Implementation can occur through first-year experience courses, advising units, living-learning communities, direct-admit cohorts, gateway courses, or college-level student success programs. The specific entry point may vary by institution, but the implementation logic remains consistent: define competencies, map activities, identify stakeholders, build the digital shell, communicate expectations, track progress, verify evidence, issue the badge, and review program-level outcomes. From an implementation perspective, the model should be evaluated not only for student outcomes, but also for feasibility, acceptability, adoption, fidelity, and sustainability (Proctor et al., 2011). Table 2 summarizes the stakeholder roles needed to implement the model with fidelity and institutional transferability.

Table 2
Stakeholder Roles in Health Start Badge Implementation

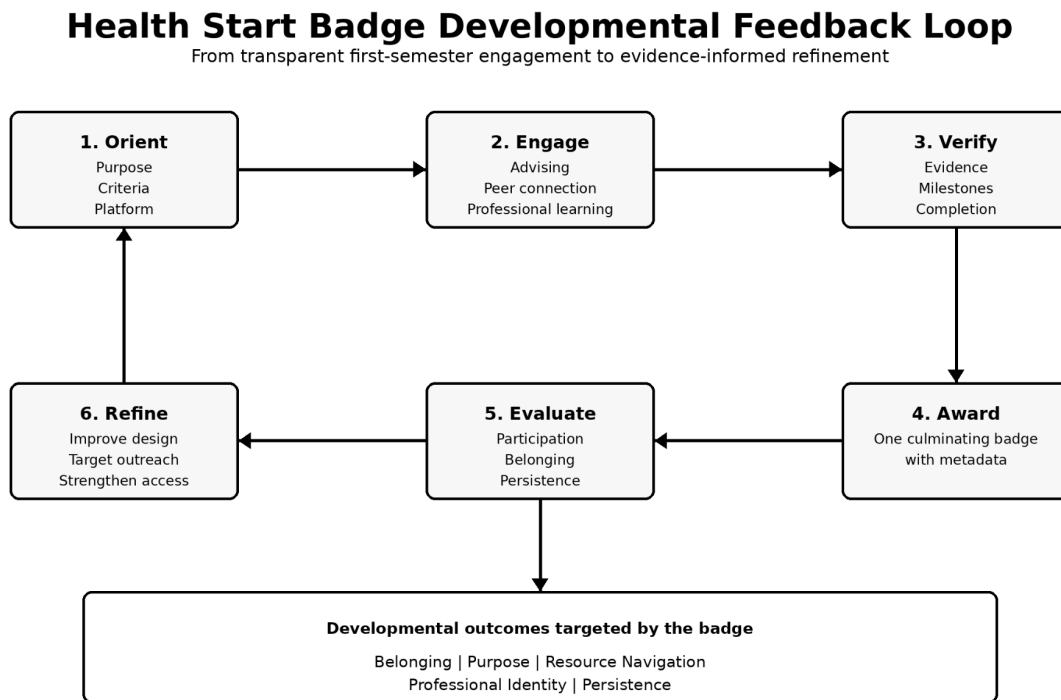
Stakeholder	Primary Role
College or program leadership	Aligns the badge with retention, access, accreditation, and workforce goals; communicates importance to faculty and staff; supports sustainability.
First-year experience faculty or gateway-course instructors	Introduce the badge, embed milestone activities into course expectations, support reflection assignments, and reinforce the connection between engagement and persistence.
Academic advisors	Complete advising check-ins, verify advising milestones, assist with academic planning, and refer students to appropriate resources.
Peer mentors or student ambassadors	Facilitate belonging activities, normalize help-seeking, provide near-peer guidance, and assist with outreach to students who have not completed early milestones.
Student success staff	Coordinate progress monitoring, early outreach, reporting, implementation-fidelity checks, and continuous improvement across advising, faculty, and student support units.
Information technology or LMS support	Build the badge shell, configure completion tracking, support digital credential issuance, maintain technical accessibility, and protect appropriate data-use and privacy practices
Community, simulation, or interprofessional partners	Support experiential activities, professional identity exploration, role clarification, and civic or community engagement components
Students	Complete badge milestones, submit evidence, reflect on belonging and purpose, monitor progress, and use the badge as a record of first-semester engagement

A practical implementation sequence includes six connected phases: orient, engage, verify, award, evaluate, and refine. During the design and orientation phase, program leaders identify the target population, select the badge name, define competencies, align activities to existing courses or programs, and determine the badge platform. During the engagement and monitoring phases, students complete required milestones while faculty, advisors, peer

mentors, and student success staff review progress and provide outreach when students miss key activities. During the verification and award phases, evidence is reviewed and the culminating badge is issued. During the evaluation and refinement phases, aggregate data are used to improve future implementation cycles. Figure 1 illustrates this developmental feedback loop.

Figure 1

Health Start Badge Developmental Feedback Loop



Note. Individual badge evidence supports awarding; aggregate data support program evaluation and refinement.

Individual Badge Completion and Program-Level Evaluation

A key distinction in the Health Start model is the difference between individual badge completion and program-level evaluation. Individual students earn the badge by

completing the required milestones and submitting or documenting the required evidence. Badge awarding should not depend on GPA, retention status, survey responses, or comparison-group outcomes. Those indicators are important for evaluating the program, but they should not determine whether an individual student receives the badge.

Individual completion criteria may include attendance or participation records, advising confirmation, completion of a digital orientation module, event reflections, simulation participation, service verification, and a culminating reflective artifact. These criteria should be visible to students from the beginning of the semester. The badge metadata should identify the issuer, criteria, competencies, evidence types, date awarded, and any alignment to program or institutional learning outcomes.

Program-level evaluation should examine aggregate patterns rather than individual awards. Useful measures may include badge completion rates, milestone completion rates, timing of advising participation, student survey responses, reflection themes, use of support services, fall-to-spring enrollment, fall-to-fall persistence, and progression into major coursework. Evaluation should also examine implementation fidelity, including whether students received consistent orientation, whether advisors verified milestones in a timely manner, whether peer outreach occurred as planned, whether the platform was accessible, and whether students could monitor progress without unnecessary administrative burden.

Institutions should avoid overstating outcomes before evidence is collected. The Health Start Badge is presented here as a conceptual-practice model and implementation framework, not as a completed causal trial. Future evaluation should use institutional data, student feedback, and, where feasible, matched comparison groups or cohort comparisons to examine whether participation is associated with stronger belonging, advising engagement, professional identity formation, and persistence. To strengthen interpretability, institutions should define the target cohort, data sources, comparison strategy, implementation-fidelity indicators, and missing-data rules before the semester begins.

Implications for Practice

The Health Start Badge has several implications for student success practice. First, it provides a concrete way to translate retention theory into a student-facing pathway. Rather than asking students to infer which activities matter, the model names the milestones, explains their purpose, and makes completion visible. Second, the badge can strengthen coordination across units that often operate separately. Faculty, advisors, peer mentors, IT staff, simulation partners, and student success professionals each have a defined role in the same persistence pathway.

Third, the model supports early professional identity formation. First-year students in health and human-service fields often enter college with a broad desire to help others but limited understanding of professional roles, interprofessional teamwork, ethical responsibilities, or community needs. By linking career exploration, interprofessional education, and reflection, the badge helps students connect first-semester engagement to a meaningful future. Fourth, the model creates a practical basis for continuous improvement. Because the badge produces observable milestones, institutions can identify which activities students complete, where students disengage, and which support structures need refinement.

Limitations and Future Directions

Several limitations should be acknowledged. First, the Health Start Badge is a design model rather than a completed intervention trial. Its theoretical and practical strength depends on implementation fidelity, student communication, and institutional capacity. Second, digital badges can become superficial if they are treated as rewards detached from meaningful learning. The Health Start model addresses this risk by linking each milestone to competencies, evidence, and reflection, but ongoing evaluation is necessary. Third, access-oriented design requires more than universal access to a digital checklist. Institutions must monitor who completes the badge, who disengages, and whether support structures are reaching students who face the greatest navigation barriers. Fourth,

programs must attend to data privacy, accessibility, and workload so that the digital infrastructure supports rather than complicates student success practice.

Future research should examine the model across multiple institutional contexts and student populations. Useful studies could test associations between badge completion and persistence, explore student perceptions of badge value, compare one culminating badge with milestone badge structures, and examine whether badge participation strengthens belonging, advising use, professional identity, and resource navigation. Longitudinal research is especially needed to determine whether first-semester micro-credentialing influences second-year persistence, progression into major coursework, clinical or field placement readiness, and eventual graduation.

Conclusion

The Health Start Badge offers a theory-guided, student-success model for transforming first-year engagement into a visible and verifiable developmental pathway. By combining digital micro-credentialing with advising, peer connection, professional identity exploration, interprofessional learning, community engagement, and reflection, the model addresses the first semester as a critical period of belonging and purpose formation. Its contribution lies not in the badge alone, but in the intentional design of the system surrounding the badge.

For faculty, advisors, administrators, and student success professionals, the Health Start Badge provides a practical framework for designing for persistence rather than merely reacting to attrition. It makes hidden expectations explicit, creates structured opportunities for connection, and provides a mechanism for tracking engagement and improving support. For scholars, the model offers a testable framework for examining how digital micro-credentials can operate as developmental ecosystems that connect belonging, advising, professional identity, access, progression, and persistence. In doing so, the Health Start Badge advances a scalable, evidence-ready model for institutions committed to helping students enter college not as passive recipients of retention services, but as capable

learners developing the confidence, relationships, and professional purpose needed to persist.

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