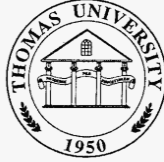


THOMAS



UNIVERSITY

ACADEMIC PLAN OF ACTION

Student:

Major:

Division Chair:

Date:

Please outline in detail your plan for successfully completing each course you propose to take during the next semester. Your plan should include relevant information regarding a time management plan, tutoring, other forms of remediation if recommended, and/or other specific strategies for success.

Semester:

Course Number and title:
Action Plan:

Student signature: _____

Date: _____

Advisor signature: _____

Date: _____