

# Academic Recovery Plan Carson-Newman University

This plan is to be completed in conjunction with your Advisor and a Student Success staff member.

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

Local Address/C-N Box # \_\_\_\_\_

Cell # \_\_\_\_\_ Major \_\_\_\_\_

Advisor's name \_\_\_\_\_ Preferred e-mail \_\_\_\_\_

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## TO BE COMPLETED WITH YOUR ACADEMIC ADVISOR:

- Name of class(es) that need to be repeated this semester:

\_\_\_\_\_

\_\_\_\_\_

- Schedule for meetings with Advisor (circle one) Weekly Twice a month Day/Time \_\_\_\_\_

## Action Steps for Academic Success as discussed with your Academic Advisor.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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## For Student-Athletes only:

I understand that I must log at least \_\_\_\_\_ SNAP hours per week as assigned by the SNAP Coordinator. I also understand that I must meet with Coach Walker (circle one) Weekly Twice a month Day/Time \_\_\_\_\_.

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**I understand that I must achieve a minimum GPA as stated under "Academic Standing" in the University Catalog. I will abide by the stipulations set forth by the University in order to achieve academic and personal success. I understand that failure to meet the above requirements and requirements discussed in the Academic Success Workshop may result in my suspension.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Academic Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Success Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Registrar Signature \_\_\_\_\_ Date \_\_\_\_\_

This form must be signed by the appropriate C-N faculty/staff members and turned into the Registrar's office before final course confirmation can occur.

## Academic Success Plan

Date of Contact	Summary/Purpose of Contact
Time In _____ Time Out _____ Name _____ ID# _____	
Time In _____ Time Out _____ Name _____ ID# _____	
Time In _____ Time Out _____ Name _____ ID# _____	
Time In _____ Time Out _____ Name _____ ID# _____	
Time In _____ Time Out _____ Name _____ ID# _____	

