

Determining Your Destination Academic Recovery Plan Carson-Newman University

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

Name _____ Student ID# _____

Local Address/C-N Box # _____

Cell # _____ C-N e-mail _____

Academic Advisor Name _____ Major _____

TO BE COMPLETED WITH YOUR ACADEMIC ADVISOR:

- Must take ID-121 The Academic Success Seminar, 1 hour (Unless the class was passed with at C or better)
- Name of class(es) that need to be repeated this semester:

- Schedule for meetings with Advisor Bi-Weekly Day/Time _____
- Schedule meeting with Student Success Advisor weekly Day/Time _____

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

1. _____
2. _____
3. _____

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 or not passing ID-121 may result in my suspension.

Student Signature _____ Date _____

Academic Advisor Signature _____ Date _____

Student Success Staff Signature _____ Date _____