

# 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 # \_\_\_\_\_ Preferred e-mail \_\_\_\_\_

Academic Advisor Name \_\_\_\_\_ Major \_\_\_\_\_

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**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. \_\_\_\_\_

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

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

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

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