

Collaborative Success Plan



STUDENT'S NAME:

STUDENT NUMBER:

PROGRAM:

COURSE NAME & CODE:

DATE:

PART A

REASON FOR MEETING:

COLLABORATIVE ACTION PLAN (STUDENT):

COLLABORATIVE ACTION PLAN (FACULTY):

DATE TO BE REVIEWED:

Student's Signature

Professor's Signature

Collaborative Success Plan



PART B

RESULT:

Student's Signature

Professor's Signature

Any further breach of College policy or unwillingness or inability to meet the plan as collaboratively outlined, will result in failure of the course(s).

Dean's Signature