

GSR1 — PLAN FOR SUCCESS

Student name: _____ Date: _____

XID#: _____ Clemson University email: _____

This plan must specify courses to be taken and minimum grades to be earned to achieve a 3.0 grade point average. Describe the plan in detail:

Student signature: _____ Date: _____

Advisor signature: _____ Date: _____

Advisor name (print): _____

Program coordinator signature: _____ Date: _____

Program coordinator name (print): _____

Program area comments (optional): _____

Return completed form to Lavonne Sloop (lsloop@clemsun.edu) in the Graduate School office

Graduate School Action

Approved Not approved Comments: _____

Dean's signature: _____ Date: _____

Scanned and returned by: _____ Date: _____

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