



GSR2 — Second 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): _____

Graduate School Action

Approved Not approved Comments: _____

Dean's signature: _____ Date: _____

Scanned and returned by: _____ Date: _____

If you are reading a printed copy of this form, or viewing it at a URL that does not include www.clemson.edu/graduate/, please go to www.clemson.edu/graduate/students/forms.html to ensure that you have the latest version of the form.



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Form GSR2
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