

WISCONSIN INDIANHEAD TECHNICAL COLLEGE
ASSOCIATE DEGREE NURSING
STUDENT HANDBOOK

STUDENT ACADEMIC ACTION PLAN FOR SUCCESS FORM

(Use Black or Blue ink)

Student Name: _____ ID #: _____

Program Name: _____

Course(s) involved in the "F" or "W" & semester

List specific actions planned to correct/resolve unsuccessful performance. (Attach sheets as needed)

Reasons for Unsuccessful Performance These are the reasons why I was unsuccessful.	Action Plan This is how I will correct/resolve my unsuccessful performance.	Timelines This is when I will accomplish items in my action plan.

Student Signature _____ Date _____

ADN Faculty Advisor Signature _____ Date _____

