



**Unsatisfactory Progress Plan**

**Student's Name:**

**Student ID Number:**

**Program Requirement:**

**Plan Completion Date:**

**Plan including intermediate milestones (add your own list of milestones – these are examples)**

Is this an amendment to a previously agreed plan or a new plan?  
If an amendment, please attach the previous plan.

The plan must be satisfied or amended by the deadline date listed above; amendments are judged on a case-by-case basis and must be approved by the faculty to take effect. The faculty are under no obligation to approve amendments to the remediation plan. Failure to complete the plan in a timely manner may result in probation and/or termination from the program. It is the student's responsibility to be aware of deadlines and complete the plan as stated above. Copy/paste additional committee member signature lines if your committee is larger than four.

Student's Signature	_____	Date	_____
Advisor's Signature	_____	Date	_____
Committee Member Signature	_____	Date	_____
Committee Member Signature	_____	Date	_____
Committee Member Signature	_____	Date	_____
Program Director Signature	_____	Date	_____