# Academic Recovery Plan

Student Name: ________________________________

Student ID Number: __________________ Date: ________________________________

Major: (circle below)

- Civil Engineering
- Computer Science
- Construction Management
- Electrical Engineering
- Materials Science Engineering
- Mechanical & Biomedical Engineering

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Discussion Notes – list student goals and strategies for success:

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Student Signature: __________________ Date: ________________

Department Chair or Designee: __________________ Date: ________________