BOISE STATE UNIVERSITY
COLLEGE OF ENGINEERING

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

Semester:	
Course	Credits

Semester:	
Course	Credits

Discussion Notes – list student goals and strategies for success:

_____

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Student Signature: _____ Date: _____

Department Chair or Designee: _____ Date: _____