

My SMART Plan

Student Name:		Student Email:	Chair/Designee Name:	Chair/Designee Signature:
Student ID:		Phone:		
Course Being Repeated:	Attempt Number:	Term:	Academic Department:	Campus:

My Goal(s) in Creating this Action Plan is/are to:

Obstacles/Challenges: Describe the obstacles and challenges that you encountered in your prior attempts.	Strategies: List the strategies and support you will use to resolve the obstacles/challenges and to be successful in this course.	Notes:

I understand that, in order to continue at Miami Dade College, I must abide by the guidelines in the SMART Plan and by the academic decisions(s) of the Suspension/Dismissal Appeals Committee.

Student Signature	Date

My SMART Plan

You will be required to attend one or more follow up appointments with the department during the semester that you are repeating the course.

My follow up appointment to assess my progress with

Name

Email

Phone

will be on _____
Date

at _____
Time

in _____
Room

at _____
Campus