FGPS Action Plan

# Part 1: Student Details

To be completed by the student.

First name:

Last name:

WLU ID:

WLU email:      @mylaurier.ca

Program (e.g. PhD <discipline name>):

Advisor:

Term Form Submitted (add year): Spring 20       Fall 20      Winter 20

6-month review date (MM/YY):

# Part 2: Activities and Due Dates

To be completed by the student and the Advisor. Please outline the specific activities and/or accomplishments, as well as a detailed timeline to completion, that must be completed in order to return to Satisfactory status where progression issues have been identified, or where degree time limits have expired.

**<Activity 1> – <Final Deadline>**

Please outline the specific details of what must be completed in order to successfully complete the activity/accomplishment. Include a detailed timeline to completion.

**<Activity 2> – <Final Deadline>**

Please outline the specific details of what must be completed in order to successfully complete the activity/accomplishment. Include a detailed timeline to completion.

**<Activity 3> – <Final Deadline>**

Please outline the specific details of what must be completed in order to successfully complete the activity/accomplishment. Include a detailed timeline to completion.

# Part 3: Acknowledgements

To be completed by the student, the Advisor, and the Graduate Coordinator.

To ensure that the student remains on-track to meet their objectives, the student and the Advisor have agreed to meet on the following schedule (in person or virtually):

Weekly  Monthly  Once per term Other (specify):

**Student Confirmation**

By signing this submission, I confirm that I have read the above Action Plan and understand that I must complete satisfactorily these activities within the timeline specified.

Signature:       Date:

**Advisor Confirmation**

By signing this submission, I confirm that I support the above Action Plan and confirm that the activities can reasonably be completed within the timeframes indicated.

Full Name (printed):        
  
Signature:       Date:      

**Graduate Coordinator**

By signing this submission, I confirm that I have read and acknowledge the expectations as outlined in the Action Plan, and that I will support the timely re-assessment.

Full Name (printed):        
  
Signature:       Date:

*Any individual program representative cannot approve this form at multiple levels; each form must have a one-up approval (e.g., research advisor cannot also approve as Graduate Program Coordinator).*