



Section 3 – Action Plan
To be completed with your program coordinator.

| | | | |
|--------------------------|--------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | Reduce Study Load | <input type="checkbox"/> | Cross institutional study |
| <input type="checkbox"/> | Overload session | <input type="checkbox"/> | Summer Session |
| <input type="checkbox"/> | Extension required | <input type="checkbox"/> | Course downgrade |

Expected completion session and year:

Please outline the subjects to be completed and expected session/year.

Program Co-ordinator:

Signature:

Date:

Section 4 – Student Signature

I acknowledge that I have read and have accepted the conditions outlined in this form. I agree that the details provided in this form are true and correct to the best of my knowledge.

Signature:

Date: