Academic Intervention Plan
(Keep this form in the student’s folder in room 119; provide student with a copy)

Course Name:

Course Number:

Course Instructor:

Student Name:

Time of course registration: _________________________ ______________

Semester & Year

The following intervention plan was designed to ensure the above named student meets the standards outlined in the KASA summary form addressed by the course:

_________________________________  ___________
Signature of course instructor   Date

_________________________________  ___________
Signature of student   Date

_________________________________  ___________
Signature of student’s advisor  Date

The above requirements were met

_________________________________  ___________
Signature of course instructor   Date