

## GRADUATE STUDIES INDIVIDUALIZED REMEDIATION PLAN (IRP)

800 Wheatley Street, Americus, GA 31709-4379

Name:	gswID#:
Advisor:	Date:
JUSTIFICATION FOR REMEDIATION	
Plan:	
(Include required courses: minimum grad	les required; additional work/project/assignments, etc.)
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The state of the s	
Time Line for Implementation/Completion of the Plan  Date Beginning:	Date of Completion:
My signature below indicates that I understand and accept the t	
Signature of Student:	Date:
Signature of Advisor:	Date:
Signature of Dean:	Date:
200	e appropriate timeline and has returned to good academic standing (GPA
Signature of Advisor:	Data