



**College of Medicine**  
**Interdisciplinary Medical Sciences Degree Program**

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**Plan of Action Form**

Name:		Date	
Email:		ID:	
Term/Yr:		Map Term:	
Major:			
Type of hold:			
Reason for hold:			

<b>EL hours to be completed:</b>			<b>Course</b>	<b>Grade</b>	<b>Credits</b>	<b>Course</b>	<b>Grade</b>	<b>Credits</b>
Semester	Year	Hours						

Total EL Hours:

Total Credits:

Total Credits:

- I, \_\_\_\_\_ understand that:**
- I will need to enroll in the courses listed above and/or complete the required EL hours during the appropriate semester(s) to get back on track with my \_\_\_\_\_ major to graduate in a timely manner.
  - failure to comply with this plan of action can result in future holds or discontinuation of the IMS Degree Program.
  - I must receive a grade of C- or better in all my remaining courses for my \_\_\_\_\_ major.
  - I must complete on average \_\_\_\_\_ EL hours each semester to successfully complete this degree.
  - while completion of the bare minimum requirements will allow me to graduate with a bachelor in science degree from the IMS Degree Program, this may not be suitable for acceptance into a professional medical/health school.

Additional

Comments:

(Community Coordinator or appropriate IMS faculty must approve EL hours. Mapping Coordinator must approve plan of action.)

I have read, understand, and agree to the terms and conditions stated above.

Student Signature

Print Name

Date

Community Coordinator/Faculty Signature

Print Name

Date

Mapping Coordinator Signature

Print Name

Date