

Departmental Action Plan

Dealership

Student Name

Academy Week

Class & Student Number

Current Situation

Overall Objective

Proposed Timeline

Action Plan

Requirements

1.

2.

3.

4.

5.

Projected Date of Completion:

Sponsor Signature: _____



Evaluation of Results: Include measured results. (± Metrics)

Impact Areas:
Sales / Gross / Expenses / Net Profit / CSI /