

Departmental Action Plan

Dealership

Student Name

Academy Week

Class & Student Number

Current Situation

Overall Objective:

Proposed Timeline

Action Plan

Requirements

-
-
-
-
-

Projected Date of Completion:

Sponsor Signature: _____

Evaluation of Results: Include measured results.

(± Metrics)

Impact Areas:

Sales / Gross / Expenses / Net Profit / CSI /