**Mandatory** Remediation Referral: Academic

Date:
Student:       Course:
Referring Faculty:      Lead Course Faculty:

**Reason for Referral:**

[ ]  Exam score < 75%

[ ]  Other

**Course Content Action Plan developed in collaboration with course faculty:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Actions** | **Date to be completed** | **Faculty initial/date completed** | **Student initial/date completed** |
| [ ]  Individual reviewed exam with course instructor |       |  |  |
| [ ]  Attendance at group tutoring session |       |  |  |
| [ ]  NCLEX questions assigned:  |       |  |  |
| [ ]  Other:  |       |  |  |

[ ]  **Student is currently on Active Remediation Plan – see previous form**

[ ]  **Academic Student Remediation Action Plan developed in collaboration with Student Success
 Advisor (SSA).**

[ ]  **Student declines to participate in remediation process, and acknowledges this may result in course failure due to lack of progress towards achieving Student Learning Outcomes.**

**Problems identified in collaboration with Student Success Advisor**

1.

2.

3.

4.

**General Action Plan developed in collaboration with Student Success Advisor (SSA):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action** | **Date to be completed** | **SSA initials/date completed** | **Student initials/date completed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Instructor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Success Advisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Completed form to be maintained in student file in nursing office with a copy sent to course instructor. All signatures must be original (not typed) and are required prior to filing.*

10/2014