



Student Remediation Plan and Outcomes

Remediation Plan

Student Name

Faculty Advisor Name

Semester

Course

Completed by (Course Coordinator Name)

Date

Reason for Remediation

Remediation Plan

Expected Remediation Completion Date

Remediation Plan Approval

SDC Chair Electronic Signature

Date

I understand that by checking this box and typing my name above constitutes a legal signature confirming my approval of the above student remediation plan on behalf of the SDC

Faculty Advisor Electronic Signature

Date

I understand that by checking this box and typing my name above constitutes a legal signature confirming my approval of the above student remediation plan as the student's faculty advisor

Student Electronic Signature

Date

I understand that by checking this box and typing my name above constitutes a legal signature confirming that I acknowledge and agree to complete the above student remediation plan by the expected completion date

Remediation Outcome

Completed/Satisfactory

*Completed/Unsatisfactory

*Incomplete/Unsatisfactory

**Student Referred to SDC*

Comments

Faculty Advisor Electronic Signature

Date

I understand that by checking this box and typing my name above constitutes a legal signature confirming that I acknowledge the remediation outcome noted above

Student Electronic Signature

Date

I understand that by checking this box and typing my name above constitutes a legal signature confirming that I acknowledge the remediation outcome noted above

*SDC Recommendations to Program Director

SDC Chair Electronic Signature

Date

I understand that by checking this box and typing my name above constitutes a legal signature confirming my recommendations to the Program Director

*Final Action

Program Director Electronic Signature

Date

I understand that by checking this box and typing my name above constitutes a legal signature confirming the final action concerning the above student remediation plan and outcome