

Copy for Student/Copy for Instructor

Student Name _____

REMEDIATION PLAN

Standard(s)/Disposition(s) not met:

Decision Point _____

Class:

Instructor:

Plan for remediation (include timeline if appropriate)

Date for review of remediation plan:

I understand that if I do not meet the conditions of this remediation plan in the time frame indicated, I can be placed on probation or discontinued in the program.

Student Signature _____ Date _____

Instructor Signature _____ Date _____