



Phase A Course Remediation Form

Office of the Registrar
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Forms are available at <http://www.cnsu.edu/office-of-the-registrar>

INSTRUCTIONS

In developing this Remediation Plan, please note the following:

- The Associate Dean of Medical Education, Office of Student Affairs and Student Promotions Committee (SPC) must be informed when a student is to be placed on remediation.
- If a student does not PASS a course final summative exam, a Y grade must be entered in CAMS and a remediation plan developed.
- A remediation plan must be developed by the student in collaboration with their advisor and the course director (the designated Remediation Supervisor).
- The plan must be reviewed by SPC and approved by the Associate Dean of Medical Education prior to implementation.
- A copy of the final signed remediation plan be forwarded to the Office of Medical Education.
- The Associate Dean of Medical Education must be advised in writing of the final outcome of the remediation.

STUDENT INFORMATION

Name: _____
First Middle Last

Student ID #: _____ Class of/Cohort: _____ Term (*check one*): Fall Spring Year: _____

COURSE DETAILS

COURSE PREFIX, #,	COURSE TITLE	COURSE DATES		DATE OF FINAL SUMMATIVE EXAM
		From:	To:	

REMEDICATION DETAILS

REMEDICATION PLAN MEETINGS	PROPOSED REMEDIATION PERIOD	SIGNATURE & PRINTED NAME OF STUDENT ADVISOR	SIGNATURE & PRINTED NAME OF THE COURSE DIRECTOR
ADVISOR	Winter Break Year: _____	Name: _____	Name: _____
COURSE DIRECTOR	Summer Break Year: _____	Signature: _____	Signature: _____
OTHER	Other (Specify): _____		

(NOTE: Advisor and Course Director must review, approve the Remediation Plan, and sign in the above noted columns)

I acknowledge that I have met with my advisor and course director to develop the REMEDIATION PLAN detailed on page 2.

STUDENT SIGNATURE: _____ Date: _____

Student Promotions Committee Recommendation

Remediation Plan has been: **Approved** **Denied**

SIGNATURE: _____
SPC Chair (or Designee) Type or Print Last Name Date

Office of Medial Education Recommendation

Remediation Plan has been: **Approved** **Denied**

SIGNATURE: _____
Associate Dean of Medical Education Type or Print Name Date

REMEDATION PLAN (Please include study schedule, resources to be used, scheduled meetings with advisor and/or course director to discuss progress and ongoing objectives, supplemental didactics, counseling, etc.). Please indicate your area(s) of weakness as obtained from your course assessments. State clearly the steps you will take to master the area(s) of weakness.

REMEDATION PLAN	
REMEDATION ACTIVITIES	NARRATIVE
Structured Advising (i.e. academic advising plan, identify area(s) of weakness revealed from your course assessments)	
Instructional Approaches (i.e. self-paced study, didactics, online resources)	
Integrated Learning Assistance/ Support (i.e. face-to-face and online tutoring)	
Additional Activities (Please specify)	

I understand the following about my structured Remediation Program:

- The knowledge, skills or attitudes requiring remediation
- The time frame of the remediation program
- The expected level of performance upon remediation
- The assessments to be used to evaluate performance
- The consequences of successful and unsuccessful remediation
- I have been given the chance to clarify all components of this remediation plan

Student Initials: