



OFFICE OF THE REGISTRAR

PROGRESSION REMEDIATION PLAN

STUDENT INFORMATION

Student Name

Linfield ID No

Nursing Course Number

If approved to repeat the course, I would like to request: ☐ the same instructor ☐ a different instructor

Note: Requests are not guaranteed but will be granted if possible.

Student Remediation Plan

On a separate page(s), please address the following:

1. Personal assessment regarding the reason(s) you didn't successfully complete this course
2. Detail the action steps you will take to assure future success in this course and others, including time frames.

Student Signature

Date

FACULTY ADVISOR RECOMMENDATION

Did the student seek help on their own? ☐ Yes ☐ No

Did the student utilize the resources available? ☐ Yes ☐ No

Did the student respond in a timely manner to faculty requests? ☐ Yes ☐ No

I, _____, have viewed this students grade and remediation plan, and I:

Faculty Advisor Name

☐ Do recommend that they be able to retake the failed course.

☐ Do NOT recommend that the student be able to retake the failed course. I will provide additional comment and supporting documentation to the APH&G Committee Chair for review.

Faculty Advisor Signature

Date

NURSING COURSE INSTRUCTOR RECOMMENDATION

Did the student fail to progress due to behavior that was: *(Check all that apply.)*

☐ Unsafe ☐ Unethical ☐ Unprofessional ☐ Illegal

Did the student seek help on their own? ☐ Yes ☐ No

Did the student utilize the resources available? ☐ Yes ☐ No

Did the student respond in a timely manner to faculty requests? ☐ Yes ☐ No

1. Please list the grades the student received on assignments and tests in the course in the order due:

2. If the student has a Learning Assistance Plan (LAP) please attach it.

I, _____, have viewed this students grade and remediation plan, and I:

Nursing Course Instructor Name

☐ Do recommend that they be able to retake the failed course.

☐ Do NOT recommend that the student be able to retake the failed course. I will provide additional comment and supporting documentation to the APH&G Committee Chair for review.

Nursing Course Instructor Signature

Date

Attention Faculty Advisor/Course Instructor: Complete your recommendation and forward directly to Lindsey Bittner at lbittne@linfield.edu, Office of Enrollment Services, 1st Floor Loveridge Hall.

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