

LIBERTY UNIVERSITY ATHLETIC TRAINING PROGRAM

Remediation Plan

Course: ATTR _____

Exam: _____

Description of Issue that needs remediation: _____

Remediation Plan/Assignment: _____

Scheduled Remediation Review Time: _____

Remediation Reassessment/Tool: _____

Expected Remediation Completion Date: _____

Academic Progress (list current courses & coinciding grades): _____

Clinical Progress:

Current total of clinical experience hours: _____

Required # of hours /semester: _____

Number of hours remaining to meet the minimum number of required hours: _____

Signatures confirming agreement of remediation plan.

Student Signature

Date

Faculty Signature

Date

Signatures confirming completion of remediation plan.

Student Signature

Date

Faculty Signature

Date