



Registrar
 900 S.E. Baker Street
 McMinnville, OR 97128
 / 503.883.2211 / 503.883.2663

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 Diane Crabtree at dcrabtre@linfield.edu