

Form Number: 603b
Form Name: Notification of Clinical Failure Form
Reviewed by: Graduate Council
Last Review Date: 08/20/2021

NOTIFICATION OF CLINICAL FAILURE

Student Name:

Track/Program:

Course Faculty:

Meeting Date:

Rationale for Clinical Failure:

The undersigned have reviewed this notification of failure and attest to the accuracy of the contents.

Course Faculty: _____ Date: _____

_____ Date: _____

Track/Program Director: _____ Date: _____

The undersigned has reviewed this notification of failure. I understand that I may request to retake this course when it is offered. I also am aware that a second failure of this course or an additional failure or withdrawal in any graduate course may result in dismissal from the College of Nursing and Professional Disciplines Graduate Program. I understand I have the right to appeal the grade in this course.

Student's Signature: _____ Date: _____

Signed copies of this form are distributed to the student, track director, and maintained in the student files in the Office of Student Services, College of Nursing & Professional Disciplines.

Approved by Graduate Council 04/29/16; **R 08/20/2021**
Approved by Nursing Faculty 04/29/16