

Form Number: 603c
 Form Name: Notification of Clinical Probation Form
 Reviewed by: Graduate Council
 Last Review Date: 8/20/2021

NOTIFICATION OF CLINICAL PROBATION

Student Name:

Track/Program:

Members of Probationary Conference:

Date of Probationary Meeting:

Student Conduct or Performance Deficiencies:

(The student's deficiencies identified by the faculty following review of feedback, evaluations, records, cases and/or other student program performance data)

Description of Probation:

Term of Probation:

(State the actual dates, i.e. February15-March15-2013)

Date for Reassessment:

(State the date for reassessment by committee)

Student Performance Plan:

(State the criteria that will be assessed and the performance expectations including the behaviors that may result in failure)

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

Faculty: _____ Date: _____

_____ Date: _____

Track/Program Director: _____ Date: _____

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. If the student is removed from probation, a Probation Reassessment and Action Form must be completed and placed in the student's file.

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