

Form Number: 603d  
 Form Name: Clinical Probation Reassessment Form  
 Reviewed by: Graduate Council  
 Last Review Date: 8/20/2021

**CLINICAL PROBATION REASSESSMENT**

Student Name:  
 Track/Program:  
 Members of Faculty:  
 Date of Probation Reassessment Meeting:

Assessment of Probationary Criteria:

Term of probation completed:  
*(State the actual dates, i.e. February15-March15-2013)*

Date for Reassessment:  
*(State the date for reassessment by committee)*

Student Performance on each Criteria of the Student Performance Plan:  
*(State the criteria from "Notification of Probation Form", the student performance on each criteria during probation, and rate each criteria as met or unmet)*

Action:

- Course Failure
- Continued Probation *(state revised term of probation with date for reassessment)*
- Removed from Probation
- Other (describe action)

The undersigned have reviewed this notification of failure 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, members of the probationary committee 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