Student Counseling and Contract Form

Student Name:	Course:	Date:
Reason(s) for counseling (select all that apply):		
□ Failure to do assigned work.	☐ Failure to achieve satisfactory performance in clinical.	
☐ Failure to participate in class.	□ Failure to achieve a passing grade.	
□ Failure to take exam or took exam late.□ Other	□ Demonstrate unprofession	
Explain:		
Specific requirement(s) for satisfactory performance:		
Date by which satisfactory performance must be achi	eved:	
Failure to achieve the requirement(s) listed above m contract, probation, or dismissal from the nursing procedures and Grievances Misconduct policy, available under Section II of the	rogram. Any such dismissal can l s outlined in Section IV Subsection	be appealed pursuant to the OSU
Student signature	Date	
Faculty signature	Date	
Perfe	ormance Follow-up	
The student: Achieved satisfactory performance	. □ Did not achieve sa	tisfactory performance.
If not achieved, consequence(s):		
Student Signature (if not achieved):	Date:	
Faculty Signature:	Date:	
Department Head Signature:	Date:	