

## REMEDIATION PLAN

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Task (Comps, CCE, Practicum Portfolio, Academic Insufficiency): \_\_\_\_\_

Nature of Problem Areas in Need of Remediation:  
\_\_\_\_\_  
\_\_\_\_\_

Remediation Task	Expected Date of Completion	Actual Date of Completion

I have read the evaluation and remediation plan, and agree to comply with the requirements noted above.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Completion of Remediation -Faculty Signature

\_\_\_\_\_  
Date

**Copies to:** Academic & Training Files, Student, Faculty Member

*Revised: June, 200*