

## **COURSE REMEDIATION AGREEMENT FORM**

## **SECTION 1: STUDENT INFORMATION**

Students requesting course remediation, should complete SECTION 1 of this form. The request needs to be in writing and submitted by the deadline specified in the FCOP Student Handbook.

Student Name:		Student ID:	
UT Tyler Email:	@patriots.uttyler.edu	Entered PharmD program in 20	
Course Name/Number:		Semester:	Year:
Course Coordinator:		Faculty Advisor:	

Please indicate if you attended all the class dates for this course. Specify and include reason for non-attendance.

Attach a copy of your ACADEMIC ALERT - ACTION PLAN developed for this specific course. Indicate below if and how you adhered to your action plan in the space below.

I have met with the following people/offices to discuss my progress and/or discuss making improvements: Faculty Advisor (include dates):

Course Coordinator and/or Course Instructors

(include name & dates):

Review Sessions (dates): Peer Tutoring (tutor name/dates):

Other:

Student Signature:

Advisor Signature:

## SECTION 2: ELIGIBILITY VERIFICATION

SECTION 2: ELIGIBILITY VERIFICAL	lion
The FCOP Office of Academic Affairs will	determine if the student is eligible for remediation.
□ The student is eligible for REMEDIATIC	N. $\Box$ The student is <u>not</u> eligible for REMEDIATION.
Associate Dean of Academic Affairs:	Date:
SECTION 3: REMEDIATION CONDITI	IONS
The course Coordinator will determine the d	ate and time of the assessment.
The student will be assessed via: $\Box$ Written	Exam, 🗆 Oral Exam, 🗆 Skills Assessment, 🗆 Other:
The reassessment will take place on:	(date).
Course Coordinator Signature:	Date:
SECTION 4: STUDENT AGREEMENT	
The student will indicate their acceptance of	remediation conditions and return to the Course Coordinator.
$\Box$ By signing below, I am indicating that I u	inderstand and will adhere to the terms in this agreement
□ I understand that by engaging in this cour grade earned.	rse remediation, I am waiving my right to appeal the original final course

Student Signature:

Date:

Date:

Date:

Copies of the completed form should be sent to: Student, Office of Academic Affairs, Course Coordinator, and Faculty Advisor.