

COURSE REMEDIATION AGREEMENT FORM

SECTION 1: STUDENT INFORMATION

Students requesting course reassessment or 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:	Session/Year
Course Name/Number:	
Course Coordinator:	Faculty Advisor:

- A. Class of 2020 Students ONLY:
- I am requesting Reassessment ONLY.
 - I understand that by engaging in course reassessment, I am waiving my right to appeal the original final course grade.
PLEASE NOW SKIP TO PART C BELOW.

- B. ALL STUDENTS REQUESTING REMEDICATION SHOULD COMPLETE THE FOLLOWING INFORMATION
- To qualify for remediation students cannot be on academic probation. Students who remediate must have demonstrated regular attendance and fulfilled the terms of all academic alerts and academic watches. It is the sole responsibility of the student to demonstrate participation in these activities to the FCOP Associate Dean of Academic Affairs to qualify for course remediation.

I have attended all the class dates for this course, except (specify and include reason for non-attendance):

I have met with the following people/offices to discuss my progress and/or discuss making improvements in this course:

- My Faculty Advisor (dates):
- The Course Coordinator and/or Course Instructors:
Name/Date:
Name/Date:
Name/Date:
- Review Sessions (dates):
- Peer Tutoring (tutor name/dates):
- Other:

C. Student Signature:

Date:

SECTION 2: ELIGIBILITY VERIFICATION

The Office of Academic Affairs will determine if the student is eligible for reassessment and/or remediation.

- The student is eligibility requirements for REASSESSMENT or REMEDIATION
- The student is not eligible for REASSESSMENT or REMEDIATION. Brief explanation:

Associate Dean of Academic Affairs:

Date:

SECTION 3: REMEDIATION / REASSESSMENT CONDITIONS

The Course Coordinator will determine the date and time of the assessment. Deadlines to complete the assessments are provided in the FCOP Student Handbook.

The student will be assessed via: Written Exam, Oral Exam, Skills Assessment

The reassessment will take place on: _____ (date) from _____ (start) to _____ (end).

Course Coordinator: _____

Date: _____

SECTION 3: STUDENT AGREEMENT

The student will indicate their acceptance of remediation or reassessment conditions and return to the Course Coordinator.

By signing below, I am indicating that I understand and will adhere to the terms in this agreement

Student Signature: _____

Date: _____

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