



Student Name: _____ Date: _____ Advisor: _____

Course: _____ Grade: _____

Deficiencies:

Instructor Recommendations/Plan:



Student Response: (Optional)

Student Signature: _____ Date: _____

I understand by receiving a Notice of Unsatisfactory Performance, if I withdraw from my clinical course, it will be considered a withdraw failing and I will be required to meet with the Admission and Progression Committee to request to repeat this course. Please initial _____

Instructor Signature: _____ Date: _____

Instructions:

1. Instructor: Complete the form, give a copy to the student, a copy to the Spokane Undergraduate Office and keep a copy for your records.
2. The copy will be maintained in the student file and a copy will be sent to the student's advisor. If this notice is for a clinical course, the clinical lead also will receive a copy.

These notices will be processed within 24 hours of receipt by the Undergrad Office or Coordinator at the branch office. To expedite this process, the form can be emailed, scanned or faxed.