# Remediation Plan

Date: _____
Student: _____
Faculty: _____
Course: _____
Deadline date of remediation plan: _____

Description of problem(s):
_____
_____
_____
_____
_____
_____
_____

Remediation: To be completed by (date):_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Other comments: _____
_____

Possible consequences:
_____
_____
_____
_____

Signatures:
Student _____Date _____
Faculty _____ Date _____
Faculty _____ Date _____

**Outcome**

Proof of completion: _____
_____

Signatures:
Student _____ Date _____
Faculty _____ Date _____

08-0382-001W