**Weber State University School of Nursing  
Academic/Behavioral Documentation Form**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Student Name: | | | Faculty: | | | | Date: |
| This document represents a binding, written agreement between the nursing program and the student that identifies the following:   1. Unsatisfactory student performance. 2. A written plan for correction of unsatisfactory student performance. 3. Documentation of student’s performance related to plan of correction.   Documentation of all student contracts will remain as a permanent record in the student’s School of Nursing academic file. | | | | | | | |
| Type of Occurrence: | **Academic**  [ ] Non-separable Violations  [ ]Separable Violations | | | **Conduct/Behavioral**  [ ] First Offense  [ ] Second Offense  [ ] Third Offense | | | |
| Description of unsatisfactory student performance (attach a separate page if needed): | | | | | | | |
| Written plan for correction of unsatisfactory student performance (attach a separate page if needed): | | | | | | | |
| I understand the terms of this agreement and understand that failure to fulfill the identified plan for correction may result in either suspension and/or expulsion from the WSU School of Nursing. Furthermore, I have been informed of my WSU student right to due process and have been provided information regarding WSU student process procedures. | | | | | | | |
| Student Signature: | |  | | | Date: |  | |
| Faculty Signature: | |  | | | Date: |  | |
| PN/RN Facilitator Signature: | |  | | | Date: |  | |
| Program Director Signature: | |  | | | Date: |  | |
| SON Chair Signature: | |  | | | Date: |  | |
|  | | |  | |
| **Final Outcome:** | | | | | | | |
| Faculty Signature: | |  | | | Date: |  | |
| PN/RN Facilitator Signature: | |  | | | Date: |  | |
| Program Director Signature: | |  | | | Date: |  | |
| SON Chair Signature: | |  | | | Date: |  | |
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