# Student Counseling and Contract Form

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Reason(s) for counseling (select all that apply):

🞎 Failure to do assigned work. 🞎 Failure to achieve satisfactory performance in clinical.

🞎 Failure to participate in class. 🞎 Failure to achieve a passing grade.

🞎 Failure to take exam or took exam late. 🞎 Demonstrate unprofessional conduct.

🞎 Other

Explain:

Specific requirement(s) for satisfactory performance:

Date by which satisfactory performance must be achieved:

***Failure to achieve the requirement(s) listed above may result in a failing course grade (“F”) or being placed on contract, probation, or dismissal from the nursing program. Any such dismissal can be appealed pursuant to the OSU OKC Academic Discipline, Procedures and Grievances outlined in Section IV Subsection D of the Academic Dishonesty or Misconduct policy, available under Section II of the*** [***Student Code of Conduct***](https://osuokc.edu/studentconduct/code)***.***

Student signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Faculty signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

**Performance Follow-up**

The student: 🞎 Achieved satisfactory performance. 🞎 Did not achieve satisfactory performance.

If not achieved, consequence(s):

Student Signature (if not achieved): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Department Head Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

*Original – Student’s file*

*Copy – Department Head, Team Leader, Student Committee Chair*