



## Performance Improvement Plan

Student name \_\_\_\_\_ Date \_\_\_\_\_

Faculty \_\_\_\_\_ Course \_\_\_\_\_

Advisor \_\_\_\_\_ Program: BSN    RN-BSN    MN    DNP    PhD

**Documentation of Verbal Notice/Counseling**  
Low acuity

**Written Warning**  
Moderate acuity

**Notice of Unsatisfactory Performance**  
High acuity

**Issue/Concern: Include Objective Findings. Include examples and cite course objectives, handbook, or policy as needed.**



## Performance Improvement Plan

**Action Plan:** : Develop plan for performance improvement/remediation in collaboration with student. Include measurable goals for re-evaluation

**Student Comments:**

Follow up date \_\_\_\_\_

**Student signature indicates student has received a copy of this document. A COPY OF THIS DOCUMENT WILL BE PLACED IN THE STUDENT FILE (on campus of record).**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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