

School of Nursing Academic Alert

This form is recommended for faculty to address issues with students who are not meeting, or at risk for not meeting, course or program expectations and/or outcomes. This form may be used at any point during the term as a means of communication and may be used in combination with all other forms of communication to foster student success.

Student Name:					Date:		
Course Prefix:					Course N	lumber:	
Course Title:							
Evidence to war	rant co	ncern rela	ated to cou	urse or pro	gram outco	omes:	
Plan to address	areas o	f concerr	n (i.e. what	t the studer	nt is expec	ted to do):	
Faculty Role (i.e	e. what t	he faculty	y will do to	o facilitate a	achieveme	nt of the plan):	



School of Nursing Academic Alert

Timeline:
Consequences if no improvement:
Referrals & Options Discussed:
□Referred student to advisor, appropriate program director, or campus Associate Dean.
□Referred student to the SON Catalog/ Student Handbook and/ or program guidelines.
□Student will address areas of concern and continue in course.
□Student may withdraw from the course. (Faculty to contact Registrar for appropriate procedure.)
□Student may go on Leave of Absence or Withdraw from SON. (Student completes OHSU Registral LOA/ Withdrawal form.)
Faculty Signature & Date:
Student Signature & Date:

Copies to:

All Students: Student, Student File, Student Advisor, Faculty of Record, Senior Associate Dean for Student Affairs and Diversity, Assistant Dean for Academic Services

For Undergraduate Students: Director of Academic Program or Campus Associate Dean For Graduate Students: Director of Academic Program, Assistant Dean for APRN DNP Programs (for APRN students).