Check One:  _____Clinical Counseling Form Only  _____ Counseling Form with F Day  _____ Academic Counseling Form Only

Date of Conference: __________________________ Course Number: __________

Name of Student: ____________________________________________

Reason for Conference:

Recommended Action:

Comments:
BSN and RN-BSN Note: Lack of completing work on time can result in a failed course. Lack of completing clinical work on time can result in clinical F Days which can also result in a failed course. The third (3rd) clinical F Day in a course immediately results in failure of that course. An accumulation of five (5) clinical F Days in the nursing program results in immediate dismissal from the program (see SON Policy 3.17).

__________________________________________________________
Signature of Student/Date Signed

__________________________________________________________
Signature of Faculty Member/Date Signed

__________________________________________________________
BSN Coordinator

__________________________________________________________
Date

DIRECTOR’S SIGNATURE ONLY REQUIRED ON F DAYS.

__________________________________________________________
Signature of Director, SON

__________________________________________________________
Date