



MGH INSTITUTE

OF HEALTH PROFESSIONS

Department of Physician Assistant Studies

## Student Remediation Plan and Outcomes

---

### Remediation Plan

Student Name

Faculty Advisor Name

Semester

Course

Completed by (Course Coordinator Name)

Date

Reason for Remediation

Remediation Plan

Expected Remediation Completion Date

---

## Remediation Plan Approval

SDC Chair Electronic Signature

Date

*I understand that by checking this box and typing my name above constitutes a legal signature confirming my approval of the above student remediation plan on behalf of the SDC*

Faculty Advisor Electronic Signature

Date

*I understand that by checking this box and typing my name above constitutes a legal signature confirming my approval of the above student remediation plan as the student's faculty advisor*

Student Electronic Signature

Date

*I understand that by checking this box and typing my name above constitutes a legal signature confirming that I acknowledge and agree to complete the above student remediation plan by the expected completion date*

---

## Remediation Outcome

Completed/Satisfactory

\*Completed/Unsatisfactory

\*Incomplete/Unsatisfactory

*\*Student Referred to SDC*

Comments

Faculty Advisor Electronic Signature

Date

*I understand that by checking this box and typing my name above constitutes a legal signature confirming that I acknowledge the remediation outcome noted above*

Student Electronic Signature

Date

*I understand that by checking this box and typing my name above constitutes a legal signature confirming that I acknowledge the remediation outcome noted above*

---

\*SDC Recommendations to Program Director

SDC Chair Electronic Signature

Date

*I understand that by checking this box and typing my name above constitutes a legal signature confirming my recommendations to the Program Director*

---

\*Final Action

Program Director Electronic Signature

Date

*I understand that by checking this box and typing my name above constitutes a legal signature confirming the final action concerning the above student remediation plan and outcome*