

UNIVERSITY OF COLORADO  
COLLEGE OF NURSING

REPORT OF COURSE FAILURE/FAILURE TO MEET PROGRAM REQUIREMENTS

Purpose: 1) To inform a student who has failed to meet the course competencies.  
2) To advise the student on future course of actions required.

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_

Please check one:

\_\_\_\_\_ FAILURE TO MEET PROGRAM REQUIREMENTS (describe below)  
\_\_\_\_\_ Course Failure

The standing of this student is a final grade of \_\_\_\_\_ in this course:

Course Number - Title – Section \_\_\_\_\_

(Circle appropriate program)  
BS    DNP    MS    PhD    RN-BS    Post MS Certificate    Non-Degree

**Substantiating Documentation/Rationale:** (Add attachment if needed)

\_\_\_\_\_

**Recommended Course of Action:** (Add attachment if needed)

\_\_\_\_\_

Timed-Specific contract needs to be drawn up and agreed upon by Faculty, Assistant Dean, Student and Academic Advisor.

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

This form must be completed and distributed as indicated below, and sent to the appropriate individuals at the time the final grades are computed for each course.

**Distributed by office of appropriate Assistant Dean:**

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. Student (Certified Mail)</li> <li>2. Student Advisor</li> <li>3. Assistant Dean, Office of Student Affairs &amp; Diversity</li> <li>4. Assistant Dean/Advising File</li> <li>5. Associate Dean for Academic Programs</li> <li>6. Return receipt should be stapled to this form (Director's Office)</li> </ol> | <p><b>Date of Action</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|---|---|

This notice will be removed from all files upon successful completion of the program.