

**UNIVERSITY OF COLORADO  
COLLEGE OF NURSING**

**STUDENT ADVISING NOTICE**

**Purpose:** To alert a student who is not meeting the competencies of a course in an attempt to avoid further academic difficulty and provide additional advising and support if necessary.

**Faculty Process:** When a student is not meeting program or course competencies or struggling in a tangible way, the faculty will complete a Student Advising Notice. Every effort will be made by the Course Coordinator to meet with the student in order that the faculty and student can collaborate and create a plan to foster success.

|                     |            |    |      |
|---------------------|------------|----|------|
| Student's Last Name | First Name | ID | Date |
|---------------------|------------|----|------|

**There is a concern about the student in the following course:**

|                    |                       |                 |
|--------------------|-----------------------|-----------------|
| Course Number NURS | Course Title Advanced | Section/Faculty |
|--------------------|-----------------------|-----------------|

Student Program:

|                           |  |
|---------------------------|--|
| BS Traditional            |  |
| BS Accelerated            |  |
| RN-BS                     |  |
| MS                        |  |
| BS-DNP                    |  |
| DNP                       |  |
| PhD                       |  |
| Post Graduate Certificate |  |
| Non-Degree                |  |

**CONCERN: To be completed by Course Coordinator. Clinical faculty may add attachment as necessary.**

Timed-Specific agreement needs to be drawn up and agreed upon by the Course Coordinator and Student. **To the Student:** If you have not discussed the course concern with the Course Coordinator and your advisor, it is recommended that you do so at once.

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

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**RECOMMENDED COURSE OF ACTION** (Add attachment(s) if needed)

**The student, in conjunction with faculty, will:**

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\_\_\_\_\_

\_\_\_\_\_

|  |      |                    |
|--|------|--------------------|
| Student Signature                                  | Date | Course Week Number |
| Course Coordinator or Specialty Director Signature | Date | Course Week Number |
| Faculty Signature                                  | Date | Course Week Number |

**END OF COURSE FOLLOW UP and OUTCOME:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

|  |      |                    |
|--|------|--------------------|
| Student Signature                                  | Date | Course Week Number |
| Course Coordinator or Specialty Director Signature | Date | Course Week Number |
| Faculty Signature                                  | Date | Course Week Number |

**Process for initiating the Student Advising Notice:**

**1) Original documentation:** The original Student Advising Notice will remain with the initiating faculty for completion of the End of Course section. Provide a copy of the original form to staff of the appropriate program office. A copy of the original form will be distributed by staff of the appropriate program office to the:

|  |       |
|--|-------|
| Student via email  | Date: |
| Student's Advisor or Specialty Director via email              | Date: |
| Assistant Dean Office of Student Affairs & Diversity via email | Date: |
| Assistant Dean for Undergraduate or Graduate Programs          | Date: |

**2) Upon Course Completion:** The Student Advising Notice is to be filed with the appropriate program office upon completion of End of Course Follow Up section of the form. The Student Advising Notice will be maintained in the student's academic file until the student is no longer enrolled in the College of Nursing, at which time the form will be destroyed.

Form Revision Only: 09/18/18  
 Original date: 2/8/2016  
 Approved by SAC: 2/8/2016  
 Implemented: 2/22/2016