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.

Student’s Last Name                                                   First                                         Date

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

___________________________________________________________________________________

Course Number - Title - Section (Circle appropriate program)
BS - Traditional     BS - Accelerated     DNP     MS     PhD     RN-BS     Post-MS 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.

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

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

RECOMMENDED COURSE OF ACTION (Add attachment if needed)

The student, in conjunction with faculty, will:

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Student Signature              Date

Course Coordinator Signature                                                Date                              Week in Course
**END OF COURSE FOLLOW UP**

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

____  The student has met course competencies.
____  The student has not met course competencies.

_____________________________________________________________________________
Student signature                                                                        Date
_____________________________________________________________________________
Course Coordinator signature                                                   Date

**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:

   Date of Action
   _________

   1. Student (via USPS Certified Mail* & Student email)
   _________

   2. Student Faculty Advisor
   _________

   3. Assistant Dean Office of Student Affairs & Diversity
   _________

   4. Assistant Dean Undergraduate or Graduate Programs
   _________

   *Return receipt should be stapled to this form

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 undergraduate or graduate nursing program, at which time the form will be destroyed.
Procedure: Student Advising Notice

Academic feedback is essential to increasing the student's knowledge base, enhancing the student's professionalism, and strengthening the student's skills as he or she progresses through the program. This policy/procedure will address the process for alerting a student who is either not meeting the competencies of the program or struggling in a tangible way in an attempt to avoid further academic difficulty and provide additional advising and support if necessary.

Procedure:

1. When a student is not meeting program or course competencies or struggling in a tangible way, the Course Coordinator 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 create a plan to foster success. The form will convey the concern, any documentation that currently exists, recommendations and proposed course of action, with suggestions for how improvement may be demonstrated by the student.

2. After initial completion of the form, the Course Coordinator will give a copy of the form to the staff of the appropriate Undergraduate or Graduate Program Office for appropriate distribution. The original Student Advising Notice will remain with the initiating faculty for follow up.

3. Upon completion of the course, the Course Coordinator will meet with the student and complete the End of Course Follow Up section of the form and return to the appropriate Graduate or Undergraduate Program Office.

4. The Student Advising Notice will be maintained in the student’s academic file in the Undergraduate or Graduate Program Office until the student is no longer enrolled in the undergraduate or graduate nursing program. Upon graduation, the Student Advising Form will be destroyed.

5. Students may complete a written response to the concerns outlined in the Student Advising Notice; the response will be attached to the original form.

Original date: 2/8/2016
Approved by SAC: 2/8/2016
Implemented: 2/22/2016