

Block III Remediation Requirements and Plan for Conditional Pass (CP) Clerkship Grade

Student Name: _____

Remediation Campus: _____

Today's Date: _____

Date(s) of Remediation: _____

Student Home Campus: _____

Time of Remediation (assessments only): _____

Home Campus CD: _____

Number of Weeks to Be Completed: _____

Course (e.g. FM608): _____

Component of Clerkship Requiring Remediation:

Original Rotation: _____

Original Clerkship Dates: _____

Describe specific details of the CP grade:

To be completed by home campus: Describe any special support the student may need for the remediation (e.g., tutoring, etc.). NOTE: It is the student's responsibility to communicate any special accommodations indicated on a VISA to the appropriate parties 30 days prior to the commencement of remediation.

Student Signature

Home Campus Community Clerkship Director Signature

Date: _____

Date: _____

Home Campus Community Administrator Signature

Date: _____

Date Sent to Department:

For remediations not specifically detailed in the Clerkship Handbook: The required components of the remediation (a detailed remediation plan) including all requirements the student must complete to pass his/her remediation will be designed by the Clerkship Director at the remediation campus in consultation with the home Clerkship Director and/or Lead Clerkship Director if applicable. The detailed remediation plan will be provided to the Student, Department (Lead Clerkship Director and Department Clerkship Administrator), Home Community (Assistant Dean and Community Administrator), and remediation campus Community Clerkship Assistant (if needed for scheduling purposes).

Copies: Student, Department (Lead Clerkship Director and Department Clerkship Administrator), Home Community (Assistant Dean and Community Administrator)