

Student Counseling Form

Student Name: _____

Student ID#: _____ Program: _____

Advising/Counseling Meeting Date: _____

Reason for Meeting (select all that apply):

Academic Performance

Excessive tardiness

Excessive absences

Professionalism deficits

Poor compliance with program policy, course syllabi, or professional code of ethics.

Personal conflict with peers, faculty, etc.

Other:

Description of issues identified (include date of incident and policy violated, if applicable):

Has a Tier I infraction been established per the SAHP Academic Misconduct Policy?

Yes

No

Warning

Student comments* (optional):

Plan to address issues identified with deadlines (include Tier I sanctions, if applicable):

Program Director (required in case of Tier I infraction):

Signature: _____ Date: _____

Faculty/Advisor (if applicable)

Signature: _____ Date: _____

Student

I understand the terms and conditions of this counseling session, and I will complete the details of the remediation plan (if applicable). I understand that this counseling form and related documentation will be placed in my program file.

If applicable, I accept the Tier I charge and sanctions imposed by the Program Director. I understand that multiple program-level, Tier I charges may be escalated to a Tier II level offense in which sanctions may result in dismissal from the Program.

Signature: _____ Date: _____