



## ACADEMIC REMEDIATION FORM

This form is a means of working with you on your academic progress in the Doctoral of Clinical Psychology program.

This is to document that the following course/probe was not successful passed:

PSY \_\_\_\_\_; \_\_\_\_\_ (course/probe name)

During the \_\_\_\_\_ semester of 20\_\_\_\_

In order to maintain your academic progression within the program you will need to retake and successfully pass this course/probe by \_\_\_\_\_. If remediation is not completed by this date your placement and or progression in the program will be up for review.

\_\_\_\_\_  
Student Signature                      Date                      Faculty Signature                      Date

This remediation was completed and passed on \_\_\_\_\_ (date)

\_\_\_\_\_  
Program Director Signature                      Date