## Learning Plan to Complete Course Work

Student Name: Date:

Instructor Name: Academic Term:

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| Briefly state the mutually agreed upon problems in completing course work: |  |
| State what the student needs to accomplish to complete coursework: |  |
| State how the student will accomplish the outstanding coursework including use of campus learning resources. |  |
| State how the student will demonstrate completed course work. |  |
| State the metric for satisfactory completion including specific grading criteria. |  |
| Date(s) for submission of written assignments and examinations |  |
| Date(s) for clinical hours |  |
| Date for review of completed course work and grade assignment |  |
| Student Signature (verifies agreement with this plan)Date: |  |
| Instructor Signature (verifies agreement with this plan)Date: |  |
| Outcome of review and grade: |  |
| Signature of student:Date:Signature of Faculty :Date: |  |