

# UNIVERSITY OF MINNESOTA

## College of Pharmacy

### Remediation Plan Agreement Form

This form articulates the procedure for the Remediation Policy in the College of Pharmacy. It is issued to students by OSS advisors after a student has been deemed eligible for remediation.

Student Name: \_\_\_\_\_

Number & name of course to be remediated: \_\_\_\_\_

#### SECTION 1 – REMEDIATION PLAN

The Course Director (or course faculty designee) articulates the scope, timeline and nature of assessments for the remediation plan.

SCOPE - Indicate whether all of the content of the course needs remediation, or which particular section(s) require remediation.

ASSESSMENT - Indicate how a student will be assessed in order to verify competency in course learning objectives.

TIMELINE - Indicate when assessment(s) will be offered. Specific dates need to be included.

#### SECTION 2- METHOD OF GUIDANCE

Student needs to indicate how they will review and receive guidance on course content throughout remediation. This should include some combination of viewing lectures online, engaging the use of a tutor or tutoring center, and reviewing course assets on Canvas.

#### SECTION 3- SIGNED AGREEMENT

By e-signing this form, I agree to the details indicated above in the remediation plan.

\_\_\_\_\_  
Course Director (or designee)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

#### SECTION 5 – ELIGIBILITY VERIFICATION

Students who fail a single required course in a semester and are not on academic probation (nor will be by the end of that semester) are eligible to remediate the failed course. By signing this form, I affirm the student meets the eligibility requirements. Eligibility can also be communicated by student advisors directly to course faculty via email.

\_\_\_\_\_  
(Student Advisor or Director of Student Services)

\_\_\_\_\_  
Date