

Remediation Form for Didactic Courses
HAMPTON UNIVERSITY SCHOOL OF PHARMACY

SECTION TO BE COMPLETED BY STUDENT

Student Name: _____ HU ID: _____

HU Email: _____ Current Phone Number: _____

Professional Year: _____ Course Name: _____ Course Number: PHA _____

I have read the Remediation Policy, and I understand that I cannot grieve the remediation exam.

Signature: _____ Date: _____

SECTION TO BE COMPLETED BY COURSE COORDINATOR

FINAL COURSE SCORE: _____ FINAL COURSE LETTER GRADE: _____

COMPLETED EACH ASSIGNMENT: YES NO

SATISFACTORY ATTENDANCE: YES NO

If no, please provide details about the assignment and/or attendance (number of excused and unexcused absences) here: _____

SIGNATURES

Course Coordinator: _____ Date _____

Assistant Dean of Student Affairs & Assessment: _____ Date _____

Assistant Dean of Academic Affairs: _____ Date _____

SECTION TO BE COMPLETED BY THE OFFICE OF STUDENT AFFAIRS

Total number of remediation exams to date: _____

Details of previously remediated courses:

Number	Course Number	Course Name	Remediation Semester
1.			
2.			
3.			
4.			

CC: ACADEMIC ADVISOR
 STUDENT AFFAIRS OFFICE