



ANGELO STATE UNIVERSITY

Department of Nursing

## Angelo State University Department of Nursing

### EXAM COUNSELING STATEMENT

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Course Number: \_\_\_\_\_ Exam #: \_\_\_\_\_ Exam Grade: \_\_\_\_\_

Your performance on this exam places you at risk for passing this course. Successful completion of each nursing course with a grade of "C" or better is required for continuation in the Nursing Program (Angelo State University Undergraduate Catalog).

Factors Contributing to my performance on this exam:

Plan for Improvement:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_