

Angelo State University
Department of Nursing
Student Counseling Form

Name (Print): _____ Copy: Student Permanent file

Date of Counseling: _____ Date of Event: _____

Course: Clinical _____ Theory _____ Absences _____

The counseling form is to alert you to the risk of not meeting course objectives, according to Student Handbook Guidelines.

Brief Explanation of Problem: (date, location, facts, others involved):

Plan of Action to Improve:

Comments by Student:

Signatures: Faculty _____ Date _____ Time _____

Faculty _____ Date _____ Time _____

Student's signature indicates that the student has read the form.

Student's Signature _____