

# Molloy University

## The Barbara H. Hagan School of Nursing and Health Sciences

### Academic Review Form

Student Name

Today's date

Student ID

Program and level -check all that apply

Course number, section, and course name

Undergraduate student

Graduate student

Nursing

SLP

Respiratory Care

Nuclear Medicine

Cardiovascular Technology

#### Status of academic concern

Student has met with faculty member regarding the academic concern.

Faculty member's name:

Date of meeting

Outcome of meeting with faculty member

Student met together with faculty member and either Associate Dean or Department Chair for the program, to resolve the concern.

Names of individuals at meeting

Date of meeting

Outcome of meeting among student, faculty member and Associate Dean or Chair

## **Formal Academic Review Mediation**

Clearly describe the specific academic issue to be addressed

Provide evidence to support the claim. May include attachments as relevant

Indicate requested resolution or outcome

Sign form by typing your name and date, attesting that the information above is accurate and true.

For SONHS use only

comments

resolution  
no basis for  
action or change  
referred

Signature

Date