Remediation Form for Didactic Courses HAMPTON UNIVERSITY SCHOOL OF PHARMACY

<u>SEC'</u>	TION TO BE COMI	PLETED BY STU	<u>DENT</u>	
Student Name:		HU ID:		
HU Email:		Current Phone Number:		
Professional Year:Course N	Vame:		_Course Number: PHA	
I have read the Remediation Pol	icy, and I understan	d that I cannot gri	ieve the remediation exam.	
Signature:		Date:		
SECTION TO	BE COMPLETED	BY COURSE CO	<u>ORDINATOR</u>	
FINAL COURSE SCORE:	FIN	AL COURSE LETT	ER GRADE:	
COMPLETED EACH ASSIGNI	MENT: YES	NO \square		
	NCE: YES	NO 🗖		
SATISFACTORY ATTENDAN If no, please provide details about there:		` 		
If no, please provide details about there:	SIGNAT	<u>URES</u>		
If no, please provide details about there: burse Coordinator: sistant Dean of Student		<u>URES</u>		
If no, please provide details about there: burse Coordinator:	SIGNAT	<u>URES</u>	Date	
If no, please provide details about there: burse Coordinator: sistant Dean of Student fairs & Assessment: sistant Dean of Academic	SIGNAT	<u>URES</u>	Date	
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