

**Instructions:** Course professors initiate and distribute this form when necessary and distribute the completed Initial and Final form as indicated below:

<b>Routing:</b>	<b>Initial</b>	<b>Final</b>
Candidate	<input type="checkbox"/>	<input type="checkbox"/>
Professors	<input type="checkbox"/>	<input type="checkbox"/>
Chairs	<input type="checkbox"/>	<input type="checkbox"/>
SSC	<input type="checkbox"/>	<input type="checkbox"/>

ROWAN UNIVERSITY  
COLLEGE OF EDUCATION

Certification Program Remediation Plan

Name:

Banner ID #

Major:

Date: 1/29/2007

Remediation Area:

- Disposition
- Knowledge
- Skills

Potential "D" or "F"

\_\_\_\_\_  
(Please print full course title)

Remediation Plan:

Timeline for Completion of Plan:

Candidate may not progress to \_\_\_\_\_ without notification that candidate has met requirements of plan.

\_\_\_\_\_  
Professor Signature      Date

\_\_\_\_\_  
Candidate Signature      Date

Verification of Completed Remediation Plan

\_\_\_\_\_  
Professor Signature

\_\_\_\_\_  
Date of Completion