

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

Routing:	Initial	Final
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:

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

Chairperson's Signature Date

Verification of Completed Remediation Plan

Professor Signature

Date of Completion