

School of Nursing  
University of Washington  
WARNING NOTICE

Date: \_\_\_\_\_

Student Name (Last, First MI): \_\_\_\_\_

Course name and number: \_\_\_\_\_

Instructor name: \_\_\_\_\_

The standing of the above student is unsatisfactory in:

Describe the area(s) of difficulty:

\_\_\_\_\_  
Instructor signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

**Student:** Please sign and return to the instructor. Signature indicates that the student has read this notice.

**Instructor:** Sign and attach the learning contract.

Distribution:

Original to Academic Services (for student file), including the learning contract

Copies to:

Department Chair

Instructor

Student

Student's Advisor or Committee Chair