**Course Notification (Early Alert)**

Date:

Student Name:

Student UW Email:

Student Program:

Course Number & Title:

Quarter/Year:

Faculty/Instructor(s):

Vice Chair / Department Chair:

FACULTY SUMMARY

(Summarize the situation, background, and concerns related to the student’s academic progress and/or professional development.)

COURSE EXPECTATIONS NEEDING ATTENTION

(Identify specific unmet expectations, competencies, or course objectives, with examples where possible.)

EXPECTATIONS AND ACTION PLAN

(Outline what the student must do to be successful in this course, including deadlines or checkpoints.)

ACKNOWLEDGMENT

The student’s signature documents that the student has had a chance to read and review the information. The signature **does NOT indicate agreement** with the substance of the Course Notification or Development Plan.

SIGNATURES

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Student Signature & Date

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Course Instructor Signature & Date

Copies to:

* Department Chair/Vice Chair
* OSAA Program Advisor
* Student File
* Program Specific (as indicated):
  + A/BSN Clinical Course: Course Coordinator
  + CIPCT Course: CIPCT Program Directors
  + DNP Course: Specialty Director
  + PhD Course: PhD Coordinating Committee Chair and Faculty Advisor