



University of Southern Indiana Graduate Nursing Program

Notification of Graduate Nursing Performance Improvement Plan

Student Name: _____ Date: _____

Course: _____

I. Minimal standards and/or requirements for satisfactory performance are not being met as evidenced by:

II. Based on the above behavior(s), the following improvement plan is established with the student:

III. Follow up with student is scheduled for:

All goals established in this improvement plan, along with all clinical objectives must be met for the student to successfully complete the requirements for the course above. The information on this plan is accessible to graduate faculty in subsequent graduate courses. Failure to achieve the above requirements may result in course failure and may result in dismissal from the program.

Faculty: _____ Date: _____

Student: _____ Date: _____

Student Comments:

Outcome of Contract: