



RADIOLOGIC TECHNOLOGY PROGRAM
RECORD OF STUDENT CONFERENCE

Date:
Student:

REASON FOR MEETING:

TERMS OF REMEDIATION:

PLAN FOR REMEDIATION:

STUDENT COMMENTS: (Use other side of form if more space needed.)

Signed: (Student*) _____ **Date:** _____

Signed: (Course Instructor) _____ **Date:** _____

Signed: (Program Director) _____ **Date:** _____

*(*Student signature indicates that a meeting has taken place and acknowledgment of the content of this document.)*