

Initiated by:

Student _____

Faculty _____

Counselor _____

PTC Nursing Student/Faculty Conference Form

This form may be initiated by the student, faculty or counselor. A third party may be asked to sit in.

Date of Conference: _____ Time: _____

Student's Name: _____ P#: _____

Faculty Name: _____

Third Party (if applicable): _____

Part A, to be completed by initiator, prior to conference:

Reason for conference:

Part B, to be completed by instructor after conference:

Resolution and/or suggestions:

Student Signature: _____

Faculty Signature: _____

Third Party Signature (if applicable): _____

Follow-up appointment date: _____

Further Action Required: _____

Make 4 Copies: 1-Student, 1- Faculty, 1-Dean of Nursing, 1- Nursing Support Counselor