



Westmoreland County Community College

RADIOLOGY TECHNOLOGY PROGRAM

STUDENT COUNSELING FORM

STUDENT NAME _____

DATE _____

Reasons for Conference

_____ excessive absences _____ required competencies lacking

_____ attitudinal difficulties at clinical site and/or classroom

_____ grades in lecture and/or clinical sections

_____ other: _____

Supporting Documentation

Student Corrective Action Plan

Attach additional pages as needed

Decisions

_____ review conferences scheduled on _____

_____ withdrawal from program student initiated

_____ withdrawal from program instructor initiated

_____ student may reapply to program

Comments

Program Director _____

Faculty Member _____

Student _____

Date _____