



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