** Student Not Progressing**

|  |  |
| --- | --- |
| **Name of Student** |  |
| **Area – EMAS/YAS** |  |
| **Name of Academic Advisor** |  |
| **Name of Mentor** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please complete the relevant section (Mentor) | | | | |
| **Relating to placement** |  | | | |
| **Relating to professional conduct** |  | | | |
| **Relating to academic performance** |  | | | |
| **Relating to attendance** |  | | | |
| **Comments (academic mentor/placement lead)** | | | | |
| **Agreed action by all parties** | | | | |
| **Action Review Date** | | | | |
| *I understand what I need to address and if I do not meet the agreed actions identified for, I will fail the learning outcomes for this placement.*  **Signature of student** | | | | |
|  | | | Date |  |
|  | | | | |
| **Signature of mentor** (if required) | | | | |
|  | | | Date |  |
| **Signature from university staff** | | | | |
|  | | | Date |  |
| **Monitoring of progress on agreed action** | | | | Dates |
| **Outcome of agreed action** | | | | |
|  | | Date | |  |