** 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 |  |