

The Pennsylvania State University  
College of Nursing

**REPORT OF STUDENT INITIATED CONTACT FOR ACADEMIC DIFFICULTY**

**DATE:** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

**COURSE:** \_\_\_\_\_

**TYPE OF CONTACT:**  Phone  
 Meeting  
 E-Mail  
 Other: \_\_\_\_\_  
 Student made no attempt at contact (*skip to bottom of form and sign*)

**RECOMMENDATIONS MADE:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Continue on back of form if necessary.*

**SIGNATURE:** \_\_\_\_\_

Faculty Adviser       Course Coordinator       Clinical Instructor

**Due By:** \_\_\_\_\_

**Return form to: Nursing Program Coordinator**

Revised: Summer 2012

Updated: Fall 2017