



**OUR LADY
OF THE LAKE
COLLEGE**

*Franciscan Missionaries of
Our Lady Health System*

Program Progression/Non-Progression Status Form

Student's Name: _____

Program: _____ Semester: _____

Program Status:

Date Placed on Probation		Unsatisfactory Clinical/Program Course (s)	
Date Suspended		Unsatisfactory Clinical/Program Course (s)	
Date Dismissed		Unsatisfactory Clinical/Program Course (s)	
Date Reinstated		Unsatisfactory Clinical/Program Course (s)	

Student's Comments:

Instructor/Program Director/Dean's Comments (Explain change in status and conditions under which good standing may be restored):

Signature of Student: _____ Date: _____

Signature of Program Director/Dean: _____ Date: _____

- ◆ Return signed original to the Registrar's Office
- ◆ Retain copy for Program records

