

SUNY Cortland Candidate Consultation Report

Candidate Name: _____
(Print)

Date: _____

Other Participants: _____
(Print Name & Title)

Time: _____

(Print Name & Title)

Place: _____

(Print Name & Title)

Major Code

Cortland ID Number

Reason for Consultation:

Actions to Be Taken By Participants, with specified conditions, consequences, and timeline.

Additional documentation may be attached.

- I have read the reason(s) for consultation and the action(s) expected from each participant, including myself. This statement must always be checked.
- I understand and agree with all the actions to be taken as described above.
- I understand and agree with the actions to be taken as described above, except as circled or otherwise identified above. The actions of other participants are unaffected by candidate exceptions or (dis)agreement.

Candidate
Signature: _____

Date: _____

Other
Signature: _____

Date: _____

Other
Signature: _____

Date: _____

Other
Signature: _____

Date: _____

Original to Department Chair

pc: teacher education program student file, faculty participants in candidate consultation, student, and Undergraduate Students: Associate Deans, Graduate Students: Assistant Director of Graduate Studies

Approved by TEC

12/02/04

Minor revision: 5/8/06