Appendix 6 EPP Review Board Decision Form

WCU WEST CHESTER UNIVERSITY

DIRECTIONS

This form is to be completed by the Associate Dean on behalf of the EPP Review Board.

CANDIDATE INFORMATION

Candidate's Name: _____ Candidate's ID: 0_____ Date of Hearing: _____

Student Advocate: Program Coordinator/Chair:

Dispositions Committee Representative:

Assoc. Dean/Committee Chair: Field Exp. Committee Rep:

SECTION TWO – BOARD DECISION (Can select more than one)

- ☐ New Placement
- ☐ Reflect
- ☐ Remediation Action Plan
- ☐ Recommendation for Removal from Program

RATIONALE FOR DECISION – add additional pages as needed

SIGNATURES

I would like to appeal this decision. ☐ Yes ☐ No

Candidate _____ Date: _____

Associate Dean: _____ Date: _____