



Administrative Forms

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PROFESSIONAL REMEDIATION SUMMARY

PRS Date

UCSD SCHOOL OF MEDICINE
PROFESSIONAL REMEDIATION SUMMARY (PRS)

Student Name

Course(s):

Quarter/Year Completed

Description of remediation plan to address deficiencies in professional or personal behavior:

I have discussed the remediation plan (above) with the Associate Dean

Signature of Student

Date

Signature of Associate Dean for Undergraduate Medical Education

Date

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Last Modified 01/02

Developed by the UCSD School of Medicine, Office of Educational Computing
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