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PRS Date

**UCSD SCHOOL OF MEDICINE  
PROFESSIONAL REMEDIATION SUMMARY (PRS)**

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Student Name

Course(s):

Quarter/Year Completed

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

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

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Signature of Student

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Signature of Associate Dean of  
Curriculum & Student Affairs

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Date

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Date