

Remediation Confirmation Form

Name: _____

Tarleton Email Address: _____

Name of Certification Exam: _____

Exam Score: _____

_____ This is my first retest request for this exam.

Faculty Mentor Name	
Resources/Study Tips	
Date of Meeting	
Faculty Member Signature	
Date/Time of Remediation Session attended and Faculty Name	

_____ This is my second retest request for this exam.

Faculty Mentor Name	
Resources/Study Tips	
Date of Meeting	
Faculty Member Signature	

_____ This is my third/fourth retest request for this exam.

Faculty Mentor Name	
Resources/Study Tips	
Date of Meeting	
Faculty Member Signature	

By signing below and submitting this document, I affirm that I completed the activities listed in the chart above. I also understand that providing incorrect information is a violation of professional ethics for which I may be removed from the Teacher Education Program.

Signature _____ Date _____