**Montana State University**

**Professional Behavior Policy**

**PROFESSIONAL STUDENT BEHAVIOR CONTRACT**

**Form B**

Purpose: The following behavior contract outlines the requirements to allow continuation in the CON program for a student that has been identified as having engaged in a pattern of problematic behavior or a single, egregious lapse in the professional behaviors expected of those in the CON program.

Date: Click or tap to enter a date.

Student Name (Last, First MI): Click or tap here to enter text.

Course name and number(s)

1. Attach Form A
2. Additional Information and description of circumstances to support contract development:

Click or tap here to enter text.

1. The following actions must be completed by the student for the remainder of the program (ie. List all of expectations and provide examples if necessary):

Click or tap here to enter text.

Campus Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(or Graduate Clinical Program Lead)

Associate Dean for Academic Affairs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature indicates that the student has read this notice.)

Student Comments:

Distribution: Original to Associate Dean for Academic Affairs (for student file);

Cc: Campus Director or Graduate Clinical Program Lead; Student’s Advisor