

# SUNY Cortland Candidate Consultation Report

Candidate Name: \_\_\_\_\_  
(Print)

Meeting Date: \_\_\_\_\_

Other Participants: \_\_\_\_\_  
(Print Name & Title)

Time: \_\_\_\_\_

\_\_\_\_\_  
(Print Name & Title)

Place: \_\_\_\_\_

\_\_\_\_\_  
(Print Name & Title)

\_\_\_\_\_  
Major Code

\_\_\_\_\_  
Cortland ID Number

Reason for Consultation:

Actions to be taken by participants, with specified conditions, consequences, and timeline.

Additional documentation may be attached.

I have read the reason(s) for consultation and the action(s) expected from each participant, including myself. This statement must always be checked.

I understand and agree with all the actions to be taken as described above.

I understand and agree with the actions to be taken as described above, except as circled or otherwise identified above. The actions of other participants are unaffected by candidate exceptions or (dis)agreement.

Candidate  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Faculty  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Faculty  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Department Chair (if appropriate)  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Original to Department Chair

pc: Candidate; Faculty participants, Program Coordinator, Associate Deans, Candidate File

Originally Approved: TEC 12/02/04

Updated: 5/8/06

Updated: 6/8/21