Relative to the Fourth Year of the D.V.M. program:

For Ross/St. Matthew’s/St. George’s University Students:

1. Grades less than C- or Not Pass or Unsatisfactory in any fourth year block are considered scholastic deficiencies and must be corrected by repeating the block.
2. Students who are required to repeat a block will be on probation for a minimum period of 3 months.
   a. If during the following 3-month period the student successfully repeats the failed block (earns a grade of C- or better) and passes all other blocks taken during that period, the student’s probationary status will end.
   b. Off-Campus blocks scheduled while a student is on probation are forfeited.
   c. If a student’s probationary status ends, his/her option to pursue the previously approved off-campus block will be re-instated.
   d. The student is responsible for informing the mentor that he/she will not be able to complete the off-campus block as scheduled and must explore the possibility of rescheduling if desired.

3. Dismissal: A student shall be dismissed from the D.V.M. program under the following conditions:
   a. Failure to achieve a grade of C- or greater after taking a specific 3-week clinical block for the third time.
   b. Failure to achieve a grade of C- or greater after taking a specific 6-week clinical block for the second time.
   c. Failure to achieve a grade of C- or greater in more than 2 different blocks.
   d. Failure to earn a program index of 2.00 or greater at the end of the program.
   e. Failure to meet specified conditions of readmission.
   f. Receipt of a grade of F due to academic dishonesty (Refer to Regulations Governing Student Conduct, Disciplinary Proceedings, and Appeals).
Resolution of Scholastic Deficiencies in Year 4 of the D.V.M. Program

1. The applied nature of the courses in the fourth year requires repeating the entire block.
2. When a student receives a failing grade (D+, D, D-, F, NP or U) in a block, the student will be allowed to continue into the next scheduled block but will be on probation.
3. The failed block should be repeated as soon as it can be scheduled.
4. A maximum of two repeat attempts are allowed for an individual 3-week block and one repeat attempt for an individual 6-week block.
5. Failure to earn a grade of C- or greater in a block after two repeat attempts of the block will result in dismissal from the program.
6. A maximum of two different blocks may be repeated. If a student fails to achieve a C- or better in a third block, he/she will be dismissed from the program.
7. A student who fails to earn a grade of C- or greater in a clinical block is required to meet with the faculty block leader to review his/her performance, determine his/her specific deficiencies, and identify measures that must be taken to achieve competency. The faculty member will complete a brief form (Clinical Block Performance Evaluation) listing the student’s deficiencies and items that must be improved. Both the faculty member and student will sign this form acknowledging that these items were discussed. The completed signed form must be forwarded to the Non-Traditional Committee via Sonya Meadows within 2 weeks of the end of the clinical block.

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Clinical Block Performance Evaluation

Student Name __________________________

Course Number and Name ________________________  Block Number ____

Faculty Block Leader ____________________________

The deficiencies noted that led to an unacceptable grade for this clinical block are:

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

The following are items the student must work on to achieve competency when this clinical block is repeated.

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

I have met with the above student and have discussed this evaluation.

______________________________  (Faculty Block Leader Signature) Date __________
I have discussed this evaluation with the faculty block leader and understand this evaluation.

____________________________ (Student Signature)          Date __________

This form must be completed and forwarded to Sonja Meadows within 2 weeks of the end of the block.

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