



**EMSP 2269-101C3**  
**PRACTICUM - EMERGENCY MEDICAL TECHNOLOGY**  
**(EMT PARAMEDIC)**  
**Fall 2025**

**Times/Days TBD**

**Clinical Instructor:** Vanessa Murphy, BS, LP, CADS

Office: 409-933-8557

Cell: 281-865-6364

Email: vmurphy@com.edu

**Clinical Coordinator:** Vanessa Murphy, BS, LP, CADS

Office: 409-933-8557

Cell: 281-865-6364

Email: vmurphy@com.edu

**Office hours and location:** PSC 113A Mondays 8am-3pm or by appointment, in-person or virtual.

**Required Textbook/Materials:**

Students uniform, Sterling Credentials account, and com.surpath.com account with all clinical compliance documents

**Course Prerequisites & Co-requisites:**

1. Students must show proof of immunizations.
2. Students must be certified in BLS Health Care Provider CPR in the past 12 months
3. Purchase the current colleges skills and rotations program
4. Students must pass a criminal background check.
5. Students must also be enrolled in required co-requisites
6. To attend and remain active in clinical, you must maintain a passing grade.
7. Complete all required clinical site orientations.

**EMSP 2269. PRACTICUM - EMERGENCY MEDICAL TECHNOLOGY (EMT PARAMEDIC)**

A supervised, competency-based clinical and field experience designed to integrate knowledge, psychomotor skills, and professional behaviors at the Paramedic level. Students will participate in direct patient care encounters across diverse populations and healthcare settings, including hospital-based clinical rotations and field internships with emergency medical services agencies. Emphasis is placed on applying advanced assessment, clinical decision-making, and therapeutic interventions consistent with the current National EMS Education Standards and the Paramedic Scope of Practice.

The practicum provides opportunities for the student to function as a team leader in the prehospital environment under the supervision of approved preceptors. Successful completion requires demonstration of entry-level competency as defined by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) Student Minimum Competencies (SMCs).

**Course Rationale:**

1. Provide a competency-based learning environment in which students must demonstrate mastery of the **Student Minimum Competencies (SMCs)** for Paramedic practice.



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2. Develop critical clinical judgment and leadership skills required to function effectively as a **team leader** in the prehospital setting.
3. Ensure graduates are prepared to meet or exceed expectations for licensure and certification examinations, as well as safe, effective entry into the EMS workforce.
4. Align program outcomes with SACSCOC requirements for measurable student learning outcomes and WECM workforce education standards.

In fulfilling this rationale, EMSP 2269 supports the program's mission to prepare competent, ethical, and professional entry-level paramedics who are capable of serving their communities and advancing the profession of EMS.

**Program Goal:** To prepare Paramedics who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession. To educate professionals who can solve problems using highly developed assessment skills, backed by a solid understanding of pathophysiology and reinforced with clinical experiences, who are flexible and can think beyond the established protocols.

**Notice to Students Regarding Licensing:** Effective September 1, 2017, HB 1508 amends the Texas Occupations Code Section 53 that requires education providers to notify potential or enrolled students that a criminal history may make them ineligible for an occupational license upon program completion. The following website provides links to information about the licensing process and requirements:

<http://www.dshs.state.tx.us/emstraumasystems/qicriminal.shtm?terms=criminal%20background>

Should you wish to request a review of the impact of criminal history on your potential EMT Certification prior to or during your quest for a degree, you can visit this link and request a "EMS Criminal History Pre-Screening"

<http://www.dshs.state.tx.us/emstraumasystems/formsresources.shtm>

This information is being provided to all persons who apply or enroll in the program, with notice of the requirements as described above, regardless of whether the person has been convicted of a criminal offense. Additionally, HB 1508 authorizes licensing agencies to require reimbursements when a student fails to receive the required notice.

**Course Objectives and Learning Outcomes:**

<b>Student Learner Outcome</b>	<b>Maps to Core Objective</b>	<b>Assessed via this Assignment</b>
1. Cognitive: Students will be able to apply the life-saving knowledge they learned in the	Critical Thinking: to include creative thinking, innovation, inquiry, and analysis,	Student Evaluation form submitted with each clinical attendance.



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Paramedic course in the clinical/field setting.	evaluation and synthesis of information.	
2. Psychomotor: Students will be able to apply the life saving techniques they learned in the Paramedic course in the clinical/field setting.	Empirical and Quantitative Skills: to include the manipulation and analysis of numerical data or observable facts resulting in informed conclusions.	Student Evaluation form submitted with each clinical attendance.
3. Affective: Students will display the proper attitude expected of a Paramedic	Teamwork: to include the ability to consider different points of view and to work effectively with others to support a shared purpose or goal	Student Evaluation form is submitted with each clinical attendance.

**Course Objectives/Requirements**

To complete this course, the student must complete a minimum of 20 Team Leads in live patient encounters, functioning as the primary provider with minimal prompting.

By the end of the paramedic program, the student will have met the following CoAEMSP Student Minimum Competency (SMC) numbers:

**1. Team Leadership (Capstone-Specific Requirement)**

- **Team Member (Formative/Field Experience): 30**
- **Team Leader (Capstone, Competency): 20 (minimum)**

**2. Patient Age Group Encounters (Summative Competency)**

- **Pediatric: 15**
  - **Adult: 30**
  - **Geriatric: 9**
- Total = 54 competency contacts**

**3. Patient Conditions / Chief Complaints (Summative Competency)**

By the end of Capstone, students must have achieved competency-level encounters in:

- **Trauma: 9**
- **Psychiatric/Behavioral: 6**
- **Normal Obstetric Delivery: 2 (may be sim)**
- **Distressed Neonate: 2 (sim)**
- **Cardiac Pathologies: 6**
- **Cardiac Arrest: 1 (sim)**



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- Cardiac Dysrhythmias: 6
  - Neurologic: 4
  - Respiratory: 4
  - Other Medical (e.g., sepsis): 6
- Total = 46 competency encounters**

**4. Motor Skills (Summative Competency)**

Competency-level skill attempts must be completed by Capstone's end. These include:

- IV access: 25
- IV bolus med administration: 10
- IV infusion med administration: 2 (may be sim)
- IM injection: 2
- IO access: 2 (may be sim)
- Bag-Valve-Mask ventilation: 10 (may be sim)
- Endotracheal intubation: 10 (may be sim)
- Endotracheal suctioning: 2 (may be sim)
- Supraglottic airway: 10 (may be sim)
- Needle decompression: 2 (sim)
- Cricothyrotomy: 2 (sim)
- FBAO removal (Magill forceps): 2 (sim)

**Grading Scale:**

- A – 93 - 100 = 31+ patient contacts**
- B – 80 – 92% = 25-30 Patient contacts**
- C – 70 – 79% = 19-24 patient contacts**
- D – 60 – 69% = 13-18 patient contacts**
- F - 64% = 12 patient contacts or less**

The listed minimum number of hours, competencies/skills, and patient contacts for this level of training must be met to qualify for a Course Completion Certificate necessary for National Registry examination authorization to earn a grade of a “B” 80%.

If the minimum clinical course competencies cannot be met on a shift rotation time, the student must schedule additional clinical time to complete the skill or simulated patient contact in the lab. If any skill or patient contact is not completed, it results in a non-passing grade of a “D,” and the student must retake the course.

**Course Outline**

- A. Introduction/Clinical Orientation – Saturday, August 23, 2025
  - 1. Introduction of EMS Staff, Instructors and students



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2. EMS program policies
  3. All immunization records, physical exam results, drug screen, and criminal background will be checked/discussed, and due the BEFORE  
CLINICAL ORIENTATION
- B. Clinical Documentation Workshop – Saturday, August 23, 2025
1. Introduction as to how reports should be written and submitted for all clinical rotations (Hospital or Ambulance)
- C. Clinical rotations 240 hours (typically 10x24 hr./shifts)
- Acadian Ambulance
  - Deer Park FD
  - La Porte EMS
  - Seabrook EMS
  - Nassau Bay FD
  - Harris County Emergency Corps (HCEC)
  - League City EMS
  - Texas City FD
  - GAAA (GEMS)
  - Santa Fe Fire and Rescue
  - La Marque EMS
  - Dickinson VFD
  - Pearland FD

**Purpose:** The purpose of EMSP 2269 is to provide paramedic students with a supervised capstone field internship where they integrate knowledge, skills, and professional behaviors in the prehospital environment. Students function as team leaders under the direction of approved preceptors, demonstrating competency in the CoAEMSP Student Minimum Competencies (SMCs). Successful completion confirms readiness for entry-level paramedic practice and national certification.

**Affective Grade:** The affective evaluation measures the student's attitude, behavior, professional attributes, motivation, and values. You will not receive a separate grade; however, you must pass the evaluation to complete your courses successfully. To pass this evaluation, you must demonstrate professional behavior, ethics, and policy adherence. Failure to meet these standards will result in a student conference and the establishment of an improvement plan and period to accomplish the required tasks.

Significant, egregious threats to the well-being of others or repeated issues will fail the affective domain and, thus, the course. Students will be evaluated using the items described below. Evaluation below three will result in a student conference and, if necessary, an improvement plan.



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Domain	Evaluation Focus	Grading Scale (1–7)
<b>1. Cognitive Domain</b> (Clinical Judgment & Knowledge Application)	<ul style="list-style-type: none"> <li>- Ability to assess patients</li> <li>- Appropriate differential diagnosis</li> <li>- Selection of appropriate treatments</li> <li>- Integration of protocols and guidelines</li> </ul>	<p><b>7 – Exceptional:</b> Expert-level clinical reasoning and complex knowledge integration</p> <p><b>6 – Advanced:</b> Anticipates complications; applies advanced knowledge</p> <p><b>5 – Above Average:</b> Accurate and confident; rarely needs guidance</p> <p><b>4 – Adequate:</b> Appropriate application; occasional prompting</p> <p><b>3 – Developing:</b> Inconsistent application; needs frequent coaching</p> <p><b>2 – Below Expectations:</b> Limited understanding; frequent redirection</p> <p><b>1 – Deficient:</b> Lacks reasoning; poses patient risk without supervision</p>
<b>2. Psychomotor Domain</b> (Skills & Task Performance)	<ul style="list-style-type: none"> <li>- Competency in assessments/interventions</li> <li>- Equipment handling and setup</li> <li>- Protocol, safety, and aseptic adherence</li> </ul>	<p><b>7 – Mastery:</b> Expert-level proficiency and precision</p> <p><b>6 – Excellent:</b> Rarely needs correction</p> <p><b>5 – Proficient:</b> Safe, minimal oversight</p> <p><b>4 – Adequate:</b> Baseline competency; occasional errors</p> <p><b>3 – Emerging:</b> Inconsistent; multiple errors</p> <p><b>2 – Needs Improvement:</b> Incorrect techniques; direct supervision needed</p> <p><b>1 – Unsafe:</b> Cannot perform safely; requires remediation</p>
<b>3. Affective Domain</b> (Professional Behavior)	<ul style="list-style-type: none"> <li>- Attitude, empathy, teamwork</li> <li>- Communication with patients, peers, staff</li> <li>- Accountability, integrity, receptiveness to feedback</li> </ul>	<p><b>7 – Role Model:</b> Leadership and empathy</p> <p><b>6 – Highly Professional:</b> Always respectful and responsive</p> <p><b>5 – Reliable:</b> Dependable with rare lapses</p> <p><b>4 – Acceptable:</b> Meets expectations; open to feedback</p> <p><b>3 – Needs Improvement:</b> Occasional disengagement; needs coaching</p> <p><b>2 – Concerning:</b> Repeated issues; poor feedback response</p> <p><b>1 – Unacceptable:</b> Unethical/unsafe; fails standards</p>



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**Attendance Policy:** All lecture classes, labs, and clinical rotations require mandatory attendance. If the student is absent or tardy, they **MUST** contact the clinical coordinator **before** the start of the clinical.

**Course Policies / Requirements:** You must be in full uniform, be early, and present yourself as a professional healthcare provider. The student must complete evaluations for each site/preceptor at the end of each shift. All patient contacts and skills must be documented during the emergency department and ambulance shifts. Doing as much charting as possible during the shift is good practice. A complete report for each patient contact must be completed for hospital and ambulance shifts if the student wants that patient contact to count toward minimum requirements, and the completed report is due within 24 hours of the end of the shift. As a reminder, patient records are always confidential and do not document any patient identifier.

**Lab/Simulation Skills Required**

1. All required lab/simulation skills must be checked off before any student performs that skill in a clinical/field setting.
2. A preceptor must be present and at the student's side for a student to administer or help the patient self-administer any medications.

**TBD:** Students will coordinate their schedules with the Clinical Coordinator. Students must understand that it is ultimately up to the clinical site if the clinical site can accommodate the student on any day, at any time. The clinical sites reserve the right to dismiss a student from the clinical site without cause.

If a student is dismissed from a clinical site without cause they are to immediately contact the Clinical Coordinator for rescheduling. A student must send dates to the clinical coordinator to expedite the rescheduling of the shift.

**Clinical Attendance**

The number of clinical/EMS rotations available to students is limited, and **strict attendance enforcement will be implemented**. The Clinical Coordinator may impose any restrictions or limits required to maintain fair and adequate availability of clinical/EMS rotations. Students are not permitted to leave their assigned clinical areas. Students who are found to be outside of their assigned clinical area are subject to dismissal from the clinical rotation.

**If you are unable to report to a scheduled clinical/EMS site, you must contact the Clinical Coordinator.** Notification must be made in writing via email, including an explanation of the reason you are unable to attend a scheduled clinical. **Failure to do so within 24 hours of the missed clinical may result in dismissal from the program.**





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Absences during clinical rotations may jeopardize our clinical affiliation agreements and may jeopardize the success of other EMS Program students. The EMS program relies on clinical affiliates to operate, and students are required to provide the Clinical Coordinator with their available dates to complete the clinical course.

Once the Clinical Coordinator assesses the availability of clinical sites and preceptors, they will inform you of your options.

**Take note of the following:**

1. **Students may be dismissed from the program for clinical non-attendance.**
2. Students may be assigned to any availability date submitted by the student to complete the course requirements.
3. If the Clinical Coordinator cannot secure an available site or preceptor within the dates provided by the student, the student will be required to supply additional dates.
4. If a student must retract a date previously given as available, this request must be made in writing AT LEAST 10 days prior to the date.
5. There is a possibility that the clinical course may not be completed on time.
6. A student is only eligible to progress to the next EMSP course once the current didactic and clinical course has been completed concurrently.

**Parking**

Students are responsible for any parking fees required when attending clinical or ambulance rotations.

**Make-Up Policy:** There are no excused absences for mandatory sessions or clinicals. Re-scheduling may occur at the discretion of the Clinical Coordinator.

**College Statement-Academic Dishonesty**

College policy and the Student Handbook will deal with any incident of academic policy. Academic dishonesty, such as cheating on exams, is a grave offense that will result in a grade of zero on that exam. The student will be referred to the Office of Student Conduct for appropriate disciplinary action, including dismissal from the EMS Program.

**EMS Program Statement—Academic Dishonesty**

The College of the Mainland EMS Program will **NOT** tolerate **academic dishonesty**. Any attempt to **cheat, plagiarize, or deceive** faculty in coursework, exams, or assignments is a **serious offense**.

**Examples include but are not limited to:**

- **Copying another student's answers** during an exam or allowing another to copy yours.
- **Plagiarizing reports, assignments, or data** from unauthorized sources.
- **Using coded signals, gestures, or electronic devices** to share exam answers.





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- **Possessing unauthorized materials ("crib notes")** or writing answers on surfaces.
- **Using technology (e.g., text messaging, internet searches) to access prohibited information** during an exam.

**Plagiarism** is the act of using someone else's work, ideas, or intellectual property without proper acknowledgment or permission, presenting it as one's own. This can include copying text, images, or even ideas from another source, whether intentionally or unintentionally. It covers a range of practices such as direct copying, paraphrasing without credit, or using someone else's research findings, creative works, or code without giving them proper attribution.

*NOTICE: Falsifying any program document is grounds for immediate dismissal and may result in a report of all personnel involved under [Texas Administrative Code RULE §157.36](#).*

**Chain of Command and Communication Policy**

**IN CASE OF EMERGENCY:** Call the Clinical Coordinator's cell phone, Program Director's cell phone, or other known faculty's cell phone, in that order for emergency needs while at a clinical site.

**Chain of Command**

**For all other questions or concerns:**

The EMS program follows a chain-of-command policy similar to professional workplaces to develop workforce-related skills, promote accountability, and ensure efficient issue resolution. Students must follow this structured process when addressing problems, concerns, or questions.

**Step 1: Consult the Syllabus**

**Before escalating an issue,** students should **first review the course syllabus and this student handbook**, as many common questions regarding policies, procedures, and expectations are addressed there.

**Step 2: Discuss with the Lead Instructor**

- If the syllabus does not resolve the issue, schedule a verbal discussion with the Lead Instructor.
- Follow up via email to the Lead Instructor summarizing the discussion, including the key points and the agreed-upon outcome.
- If the issue remains unresolved or you are dissatisfied with the outcome, proceed to Step 3.

**Step 3: Escalate to the Program Director**

- Forward your email summary from Step 2 to the Program Director and Lead Instructor.
- Clearly state:



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- Your concern or issue
- Your desired resolution
- Justifications supporting your request
- You will be required to meet in person with the Program Director to discuss the issue.
- Following the meeting, send a follow-up email summarizing the discussion and outcome.
- If you are still dissatisfied, proceed to Step 4.

**Step 4: Escalate to the Department Chair and Dean**

- Forward your previous correspondence (from Step 3) to the Department Chair, Program Director, and Lead Instructor.
- Reiterate:
  - Your original concern
  - Previous steps taken
  - Your desired outcome and justification
- You will be required to meet in person with the Dean.
- Following the meeting, send a follow-up email summarizing the discussion and outcome.
- If the issue remains unresolved, refer to the COM Student Handbook for the next steps in the appeal or grievance process.

**Purpose of the Chain of Command**

This structured process is not intended as a barrier but provides the following benefits:

- Prepares students for workplace protocols by reinforcing professional problem-solving strategies.
- Ensures complaints and incidents are handled appropriately through a structured escalation process.
- Develops professional communication and documentation skills that are essential in the EMS field.
- Encourages resolution at the lowest level possible to promote efficiency and accountability.
- Students are expected to follow this process to ensure that concerns are addressed professionally and effectively.

**Communication**

**All program-related communication will be conducted exclusively through your COM student email account. You are required to:**

- Check your COM Student email at least once daily, as all important announcements regarding classes, clinicals, location changes, assignments, extra credit opportunities, and other updates will be sent via email.
- Use only your COM Student email when corresponding with EMS faculty and staff.
- Do not request that course-related documents or communications be sent to a personal email address.



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- Emails sent from non-COM accounts will not receive a response, as they may be filtered into junk or spam folders.

**Failure to regularly check and use your COM Student email may result in missed deadlines, lost opportunities, or miscommunication regarding coursework and clinical requirements.**

**Problems, Issues, or Mistakes**

For any problems, issues, or mistakes, it is essential to take immediate and appropriate action to address the situation.

1. **Notification:** Notify your Lead Instructor (classroom/skills) or Clinical Coordinator (clinical sites) as soon as possible, preferably in writing. Timely communication is crucial to ensure any necessary follow-up or corrective action can be taken promptly.
2. **Incident Report:** Submit an **Incident Report** detailing the event. This report should include:
  - The date and time of the incident.
  - A clear, objective description of what occurred.
  - The names and titles of all individuals involved in the situation.
3. **Objectivity:** When documenting the incident, focus on providing a factual, unbiased account of the event. Avoid subjective interpretations and ensure that all relevant details are accurately recorded.
4. **Accountability:** Admitting a mistake demonstrates professionalism and maturity. It is important to remember that reporting an incident does not automatically imply disciplinary action. In fact, recognizing and addressing errors is a positive indication of personal growth and professional responsibility.

For issues at a clinical site, the student will generally be removed from the clinical site to minimize disruption and allow for a logical exploration of the facts. All future clinicals will become “pending” until the investigation is complete. Once complete, the student will be notified of the outcome and status of future clinicals

**Student Conferences**

Course Instructors and Students are encouraged to schedule a mid-term and final Student conference with each Student. The primary objectives of the conference are to:

1. Instructor
  - a. Provide an overall evaluation of the students’ classroom and clinical performance.
  - b. Provide the Student with specific performance improvement recommendations,



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c. Address Student concerns

**2. Student**

- a. Discuss the overall evaluation of classroom and clinical performance,
- b. Discuss performance improvement methods and develop an improvement plan (if necessary)
- c. Communicate course performance concerns to the instructor.

Students are encouraged to request a meeting with the course instructor to discuss performance concerns and course questions regardless of the mid-term or final Student conferences. The EMS program staff welcomes the students' sincere interest in their course performance and will gladly assist them with these issues.

**Institutional Policies and Guidelines**

**Grade Appeal Process: Concerns** about the accuracy of grades should first be discussed with the instructor. A request for a change of grade is a formal request and must be made within six months of the grade assignment. Directions for filing an appeal can be found in the student handbook <https://www.com.edu/student-services/student-handbook.html>. *An appeal will not be considered because of general dissatisfaction with a grade, penalty, or outcome of a course. Disagreement with the instructor's professional judgment of the quality of the student's work and performance is also not an admissible basis for a grade appeal.*

**Academic Success & Support Services:** College of the Mainland is committed to providing students the necessary support and tools for success in their college careers. Support is offered through our Tutoring Services, Library, Counseling, and through Student Services. Please discuss any concerns with your faculty or an advisor.

**ADA Statement:** Any student with a documented disability needing academic accommodations is requested to contact:

Kimberly Lachney, Student Accessibility Services Coordinator  
Phone: 409-933-8919 Email: [AccessibilityServices@com.edu](mailto:AccessibilityServices@com.edu)  
Location: COM Doyle Family Administration Building, Student Success Center

**Textbook Purchasing Statement:** A student attending College of the Mainland is not under any obligation to purchase a textbook from the college-affiliated bookstore. The same textbook may also be available from an independent retailer, including an online retailer.

**Withdrawal Policy:** Students may withdraw from this course for any reason prior to the last eligible day for a "W" grade. Before withdrawing students should speak with the instructor and consult an advisor. Students are permitted to withdraw only six times during their college career



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by state law. The last date to withdraw from the 1<sup>st</sup> 8-week session is October 1. The last date to withdraw from the 16-week session is November 14. The last date to withdraw for the 2<sup>nd</sup> 8-week session is November 25.

**FN Grading:** The FN grade is issued in cases of failure due to a lack of attendance, as determined by the instructor. The FN grade may be issued for cases in which the student ceases or fails to attend class, submit assignments, or participate in required capacities, and for which the student has failed to withdraw. The issuing of the FN grade is at the discretion of the instructor. The last date of attendance should be documented for submission of an FN grade.

**Early Alert Program:** The Student Success Center at College of the Mainland has implemented an Early Alert Program because student success and retention are very important to us. I have been

asked to refer students to the program throughout the semester if they are having difficulty completing assignments or have poor attendance. If you are referred to the Early Alert Program you will be contacted by someone in the Student Success Center who will schedule a meeting with you to see what assistance they can offer in order for you to meet your academic goals.

**Resources to Help with Stress:**

If you are experiencing stress or anxiety about your daily living needs including food, housing or just feel you could benefit from free resources to help you through a difficult time, please click here <https://www.com.edu/community-resource-center/>. College of the Mainland has partnered with free community resources to help you stay on track with your schoolwork, by addressing life issues that get in the way of doing your best in school. All services are private and confidential. You may also contact the Dean of Students office at [deanofstudents@com.edu](mailto:deanofstudents@com.edu) or [communityresources@com.edu](mailto:communityresources@com.edu).

**Nondiscrimination Statement:**

The College District prohibits discrimination, including harassment, against any individual on the basis of race, color, religion, national origin, age, veteran status, disability, sex, sexual orientation, gender (including gender identity and gender expression), or any other basis prohibited by law. Retaliation against anyone involved in the complaint process is a violation of College District policy.