##

## Fitness to Study Advisory Group Feedback From

**A condition of availing of the Fitness to Study Advisory Group is that the group require feedback from any recommended actions. It is very important that you provide this feedback. Please return this form to the Case Coordinator as soon as possible but within 5 working days of receiving the recommendations**

**Staff Name: Department:**

**Relationship to student:**

**Recommended action with regard to this student:**

**Was this recommendation implemented - Yes/No:**

**If yes, what was the outcome of the action?**

**If no, what was the rational for not implementing the action?**