EDMONDS COMMUNITY COLLEGE
ACADEMIC SUCCESS PLAN

Name (Please Print) ____________________________________________
Student ID number

Address _______________________________________________________
Phone Number _________________________________________________

City, State ZIP __________________________________---------------

You have been placed on Academic Restriction status and your registration has been blocked for any period of upcoming enrollment. You may appeal your blocked enrollment by completing this Academic Success Plan and submitting or mailing it to the Enrollment Services Office located on the first floor of Lynnwood Hall. Complete the Academic Success Plan early as it may take up to a week for our staff to review your plan. *Academic Success Plans must be turned in two weeks prior to the beginning of each quarter.*

If your plan is approved, you will be notified in writing and the block on your registration will be removed. If you need assistance in completing this plan, you may make an appointment with one of our academic advisors by calling (425) 640-1458. If you choose to meet with an advisor, a decision regarding your plan can be made at that time and the block on your registration lifted immediately. If your plan is denied, you may appeal this decision by contacting the Senior Associate Dean for Student Success and Retention at (425) 640-1463.

PART 1 – EDUCATIONAL GOALS

While here at Edmonds Community College, what is your program of study? (Check below and indicate program)

☐ AA Transfer   Major: ____________________   ☐ ATA ________________
☐ Certificate_______________________   ☐ Other ____________________

What classes do you plan to take during your next period of enrollment?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

PART 2 – EXPLANATION

Please provide a brief explanation as to why you were unable to maintain Satisfactory Academic Progress (you may attach additional sheets if needed):

____________________________________________________________________
____________________________________________________________________

10/25/2010
PART 3 – CORRECTIVE ACTION

Please explain any corrective action you have taken to assure Satisfactory Academic Progress in the current and/or upcoming quarter(s):

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

PART 4 - ADVISING

Advisors can help you with determining which classes are needed for your degree program, assist you with locating campus resources, and assist with other goals connected to your educational success. To schedule an advising appointment, please call (425) 640-1458.

DO NOT WRITE BELOW THIS LINE
FOR ACADEMIC SUCCESS REVIEW COMMITTEE

☐ Approved Date: _______________  Advisor: __________________________
☐ Denied Date: _______________

Comments:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________