



THIRD ATTEMPT ACADEMIC SUCCESS PLAN

*A Third Attempt Academic Success Plan serves as a record of an agreement between the student and the program Chair as defined in Policy E-1.16 – **Academic Progression for Developmental Programs**. See the policy for details on procedures.*

Personal	Last or family name *	NLC student number *
	First or given name *	
	Email address	Daytime phone number

Student Questions	Course to repeat *:	
	Have you met/spoken with your Instructor? *	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: _____ Date: _____
	Have you met with Access Services? *	<input type="checkbox"/> Yes <input type="checkbox"/> No Do you require additional support services due to a disability? * <input type="checkbox"/> Yes <input type="checkbox"/> No (The Access Services Coordinator will contact you)
	Do you currently work? *	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: _____ Hours per week: <input type="checkbox"/> More than 20 <input type="checkbox"/> 15-20 <input type="checkbox"/> 10-15 <input type="checkbox"/> Less than 10
	Have you requested a Tutor? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you accessed Learning Support? *	<input type="checkbox"/> Yes <input type="checkbox"/> No

Plan *	
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Agreement	I hereby agree to the plan as defined above:	
	_____	_____
	Signature of Student *	Date *

Authorized	I approve a third attempt of the course as noted above:	
	_____	_____
	Signature of Chair *	Date *

Office Use Only		
Program Chair <input type="checkbox"/> Ensure form is complete (check required fields) <input type="checkbox"/> Develop and record plan with student. <input type="checkbox"/> Scan and email signed document to StudentHelp@nlc.bc.ca	Campus Services <input type="checkbox"/> Record petition in Colleague (permission to exceed two attempts) <input type="checkbox"/> Contact student and register student as requested <input type="checkbox"/> Place it students file	Received by (name, please print) _____ Date Received